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October 5, 2006

Ms. Carol Mitten
Chairman, Zoning Commission
Office of Zoning
Government of the District of Columbia
One Judiciary Square
441 4th Street NW
Suite 210S
Washington, DC 20001

Dear Chairman Mitten,

I wish to submit the following documents (attached) into the record for Zoning Commission Case #05-42 – PUD and Zoning Map Amendment (Sibley Hospital).

1. D.C. Hospital Association Financial Indicators Fiscal Year 2004 (Report).
2. D.C. Hospital Association Utilization Indicators Calendar Year 2005 (Report)
3. Sibley Memorial Medical Center Master Plan (~~October 5, 2005~~ ^{UNDATED} Presentation)
4. Location and design of Washington Aqueduct Dewatering Facility (computer mock-ups)

Please do not hesitate to contact me if there are any questions concerning these items.

Sincerely,



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Cc: ANC 3D chairman Alma Gates, ANC 3D commissioners

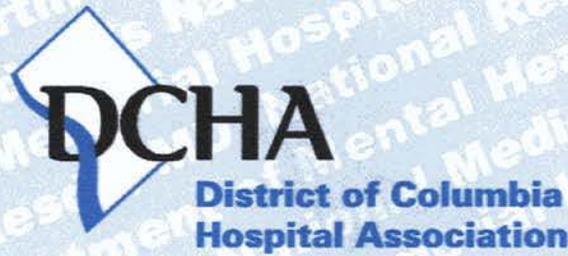
ZONING COMMISSION
District of Columbia

CASE NO. 05-42

ZONING COMMISSION
District of Columbia
EXHIBIT NO. 101

CASE NO.05-42
EXHIBIT NO.101

Fall 2005



Financial Indicators

Fiscal Year 2004

M. Joy Drass, MD
Chairman of The Board

Robert A. Malson
President

ABOUT THIS REPORT ON FINANCIAL INDICATORS

INTRODUCTION

The District of Columbia's health care delivery system continues to undergo changes that began in 2001 when the District privatized the city's public hospital and ambulatory clinics and created the D.C. Healthcare Alliance. In addition, the health care community saw the conversion of Hadley Memorial Hospital from an acute to a long-term acute care facility in 2001 and the closure of Columbia Hospital for Women in 2002, as well as the conversion of D.C. General Hospital to an urgent care center. The impact of these changes can be seen in the charts and graphs in this Financial Indicators Report.

The closure and conversion of three hospitals, the potential for a terrorist event or major disease epidemic and the severe workforce shortage that District health care facilities are experiencing, have added significant stress on the District's health care delivery system. District hospitals, already constrained financially by inadequate reimbursement from managed care organizations and public payors, and the continuing challenges of caring for a large uninsured population, are struggling to find ways to handle these changes in a manner that maintains the highest quality of patient care.

SOURCE

The data in this report come from the *DCHA Annual Hospital Survey*, which gathers standard audited information from the hospitals in the District. The information in this report is based on each hospital's own 2004 fiscal year. The charts and graphs on the financial condition of hospitals provide collective (and some individual) information about nine of the eighteen DCHA member hospitals. The nine DCHA member hospitals excluded from the aggregate data are a long-term, acute care hospital, three facilities providing only psychiatric services as well as four federally-owned acute care hospitals.

Data are reported to DCHA directly by individual hospitals that follow the accounting guidelines defined in the *Audits of Providers of Health Care Services of the American Institute of Certified Public Accountants (AICPA)*. AICPA guidelines require health care providers to classify bad debt as a part of operating expense, and to establish and disclose their policies regarding charity care along with the amount of charity care provided. These rules went into effect in 1990 and two related rules also went into effect in 1995. For analysis purposes, DCHA has classified bad debt as a separate line item.

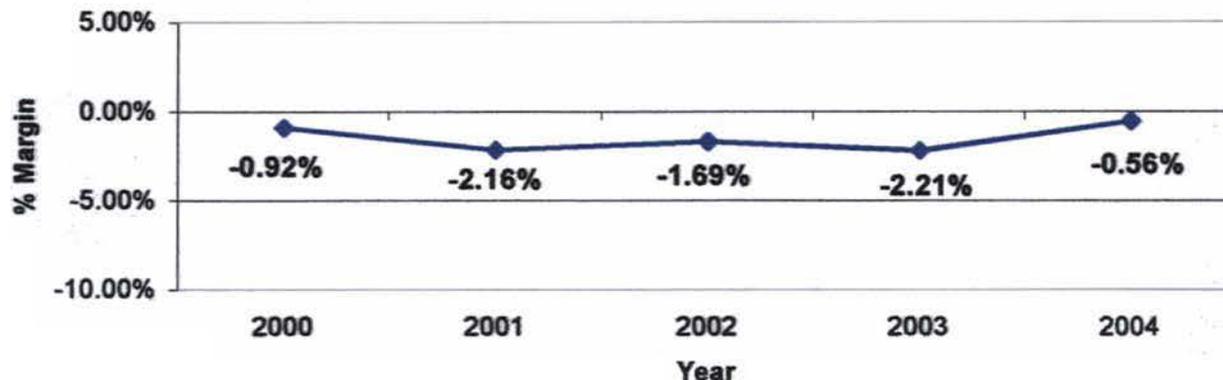
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Operating Margin Percent District of Columbia Hospitals

Beginning with the closure of D.C. General Hospital in 2001, massive changes to the District of Columbia health care system contributed to a significant downturn in the financial health of hospitals as the responsibility of providing a safety net to the uninsured falls to members of the D.C. Healthcare Alliance and other private hospitals. Hospitals continue to be concerned about the access, delivery and cost of health care services for District of Columbia Medicaid patients, as well as the uninsured and under-insured populations.

Aggregate Operating Margin Percent, 2000-2004



Note: D.C. General Hospital's financial information was included in the 2000 operating margin calculations.

In 2004, nearly two-thirds of the private hospitals in the District had an operating margin less than one percent. While there has been some improvements since the closure of D.C. General Hospital, hospitals still have a significant number of visits to the emergency department where many patients continue to seek primary care and the treatment of ambulatory sensitive conditions.

Operating Margin Percent	2002	2003	2004
Children's National Medical Center	0.36%	-3.28%	1.07%
George Washington University Hospital	-2.50%	1.73%	0.80%
Georgetown University Hospital	-5.78%	-7.62%	-3.34%
Greater Southeast Community Hospital	-3.10%	-8.95%	-20.6%
Howard University Hospital	0.29%	1.20%	-0.14%
National Rehabilitation Hospital	2.81%	2.91%	1.25%
Providence Hospital	1.18%	0.33%	-6.01%
Sibley Memorial Hospital	2.28%	2.79%	5.60%
Washington Hospital Center	-2.86%	-2.73%	1.42%
Aggregate Percentage	-1.69%	-2.21%	-0.56%

Note: New financial figures became available for Greater Southeast Community Hospital and Howard University Hospital, and operating margins were recalculated. Thus, the aggregate operating margins differ from previous DCHA Financial Indicators Reports.

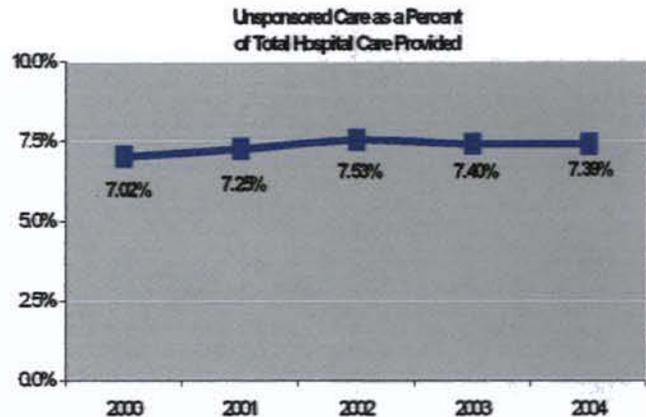
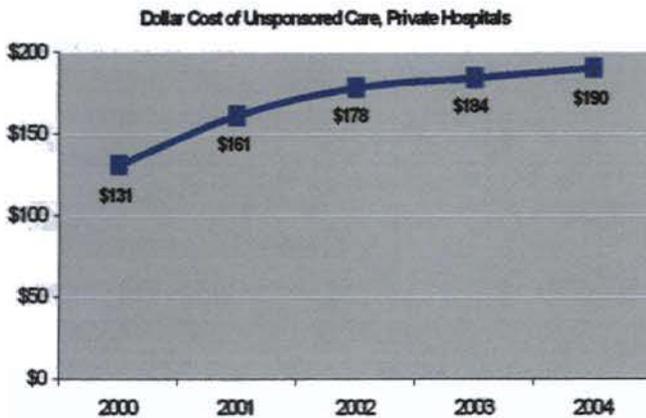
Note: Aggregate Operating Margin Percent is computed by calculating the percentage difference between aggregate operating expenses and aggregate operating revenues.

Note: Calculations exclude Hadley Memorial Hospital, MedLINK Hospital, psychiatric and federal hospitals.

Source: 2004 DCHA Financial Indicators Survey.

Un-sponsored Care District of Columbia Hospitals

Before its closure in June 2001, D.C. General Hospital provided over one-third, or about \$75 million of the \$200 million in un-sponsored care provided to the uninsured and under-insured by District hospitals annually. Since the establishment of the D.C. Healthcare Alliance, the District government's funding that had previously been allocated to D.C. General has now been transferred to the Alliance, which utilizes six private hospitals to serve those individuals who are eligible. For those individuals who are not eligible for the Alliance and are still uninsured, the private hospitals have picked up much of the burden that had been carried by D.C. General.

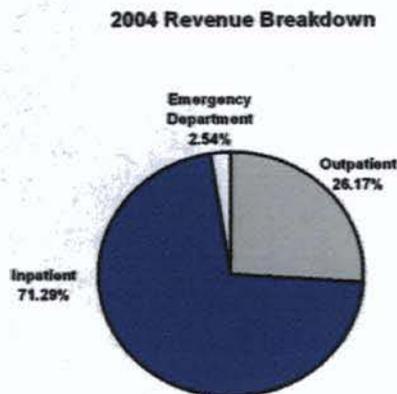


	<u>2002</u>		<u>2003</u>		<u>2004</u>	
	Cost of Un-sponsored Care	Percent Of Total Care	Cost of Un-sponsored Care	Percent Of Total Care	Cost of Un-sponsored Care	Percent Of Care
Children's National Medical Center	\$34,550,000	10.57%	\$29,158,000	8.11%	\$28,965,000	7.48%
George Washington University Hospital	\$7,286,000	3.54%	\$9,058,000	3.71%	\$6,421,000	2.60%
Georgetown University Hospital	\$9,742,000	2.94%	\$10,938,000	2.92%	\$12,157,000	3.22%
Greater Southeast Community Hospital	\$37,533,346	22.15%	\$39,568,000	32.05%	\$48,429,000	41.14%
Howard University Hospital	\$33,021,000	13.10%	\$38,326,000	15.28%	\$46,004,000	17.54%
National Rehabilitation Hospital	\$773,000	1.41%	\$773,000	1.30%	\$1,184,000	1.90%
Providence Hospital	\$8,302,000	5.44%	\$10,252,000	6.17%	\$10,727,000	6.16%
Sibley Memorial Hospital	\$3,772,000	2.42%	\$4,427,000	2.76%	\$4,844,000	2.86%
Washington Hospital Center	\$43,059,000	6.02%	\$41,174,000	5.55%	\$31,476,000	4.06%
District Total	\$178,038,000	7.53%	\$169,439,000	7.40%	\$190,218,000	7.39%

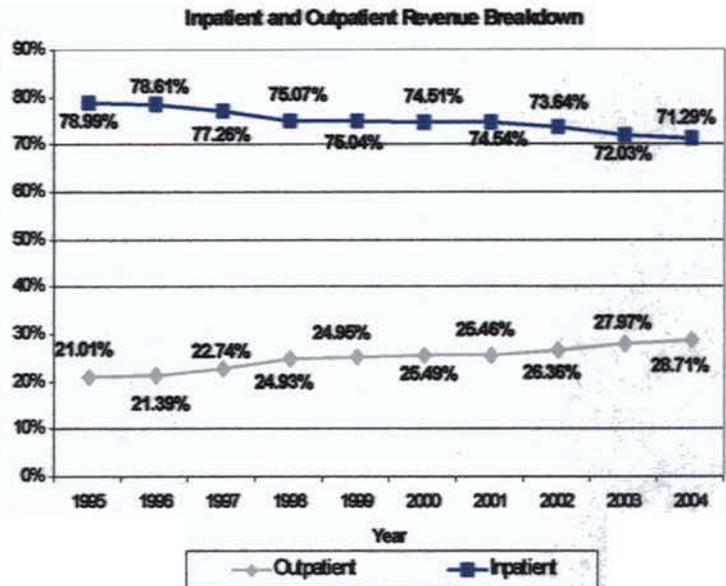
- Note:** New financial figures became available for Greater Southeast Community Hospital, and cost of un-sponsored care costs were recalculated. Thus, the aggregate un-sponsored care costs differ from previous DCHA Financial Indicators Reports.
- Note:** Children's National Medical Center's uncompensated care cost does not reflect any amounts associated with bad debt.
- Note:** Hadley Memorial Hospital is included in 2000 and 2001 data.
- Note:** Calculations excludes MedLINK Hospital, psychiatric and federal hospitals.
- Source:** 2004 DCHA Financial Indicators Survey.

Inpatient, Outpatient and Emergency Department Revenue as a Percentage of Total Gross Patient Revenue

Until 1999, District hospitals reported only inpatient and outpatient revenues, with emergency department revenue included in each hospital's outpatient revenues. Beginning in fiscal year 1999, hospitals have begun to extract their emergency department revenue from outpatient revenues. The pie chart shows the 2004 breakdown of District hospital revenues in these three categories.



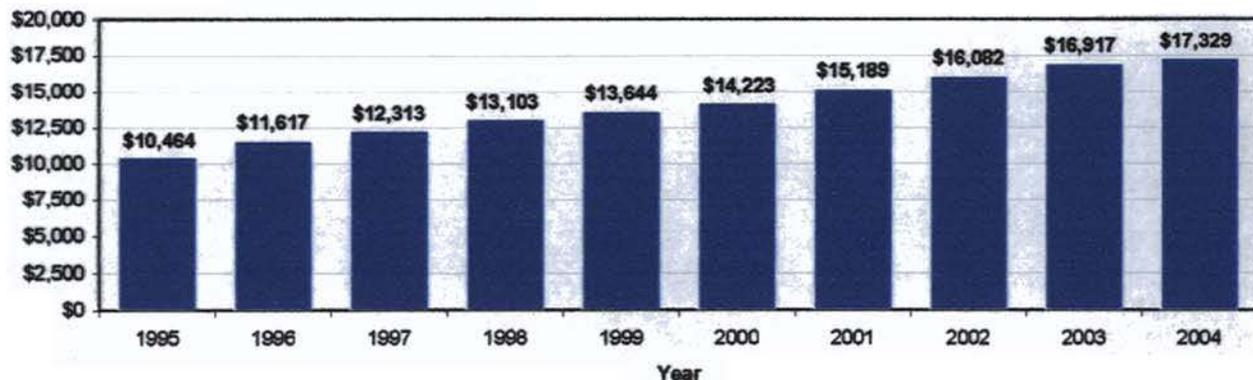
Source: 2004 DCHA Financial Indicators Survey.



Over the past 10 years, the increased sophistication and technology of outpatient services has moved many services previously performed on an inpatient basis to the outpatient setting. After some stabilization, the data indicate that outpatient and emergency department revenues continue to be on the rise again.

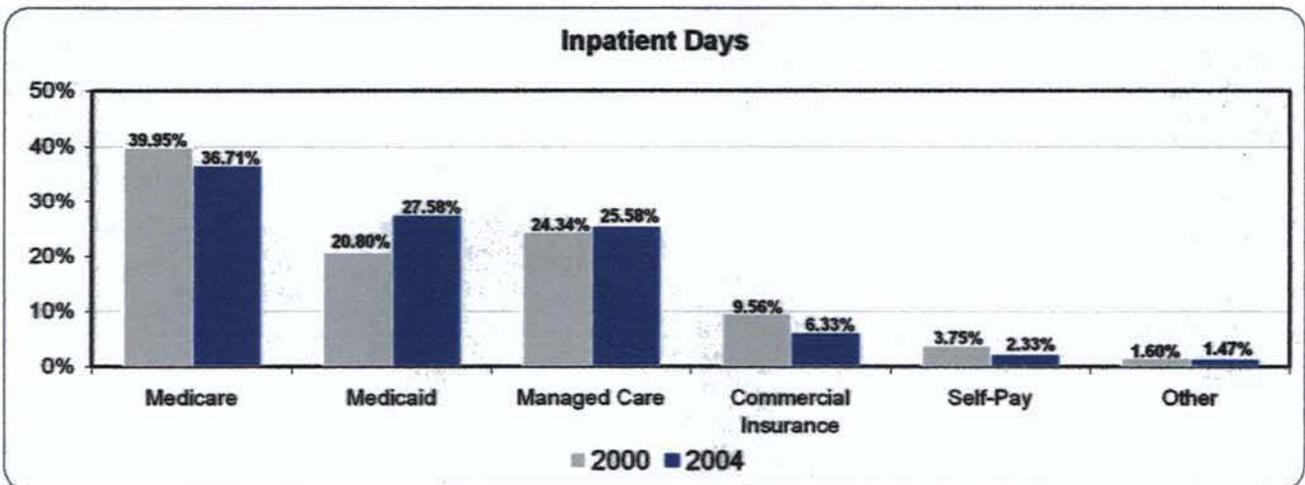
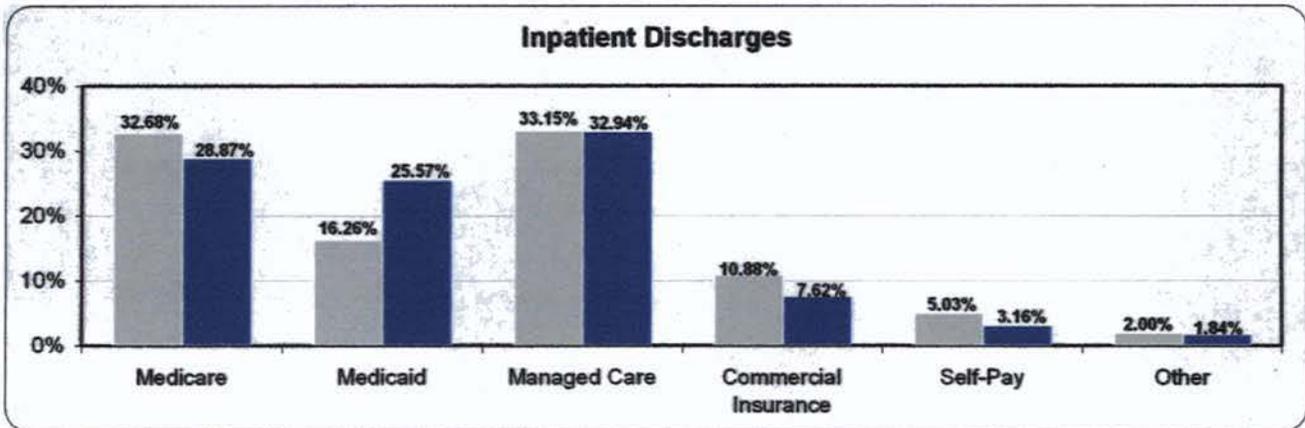
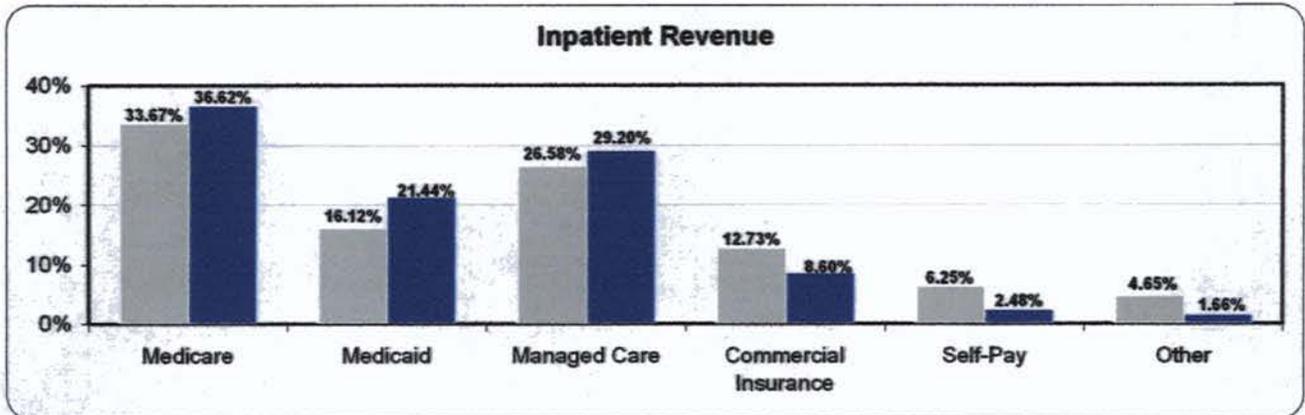
Average Cost Per Discharge – Ten-Year Trend: 1995 - 2004

The average cost per inpatient discharge includes a number of components: nursing, medical education, pharmaceuticals, dietary, housekeeping, laundry services, payroll, plant operations, maintenance, supplies, malpractice insurance, and other patient care costs. The chart indicates that cost per patient discharge has increased each year. In fiscal year 2004, the average cost per discharge at District hospitals increased 2.44 percent over 2003.



Note: Calculations excludes MedLINK Hospital, rehabilitation, psychiatric and federal hospitals.
Source: 2004 DCHA Financial Indicators Survey.

Total Inpatient Revenue, Discharges & Patient Days by Payor Class Five-Year Comparison: 2000 v. 2004



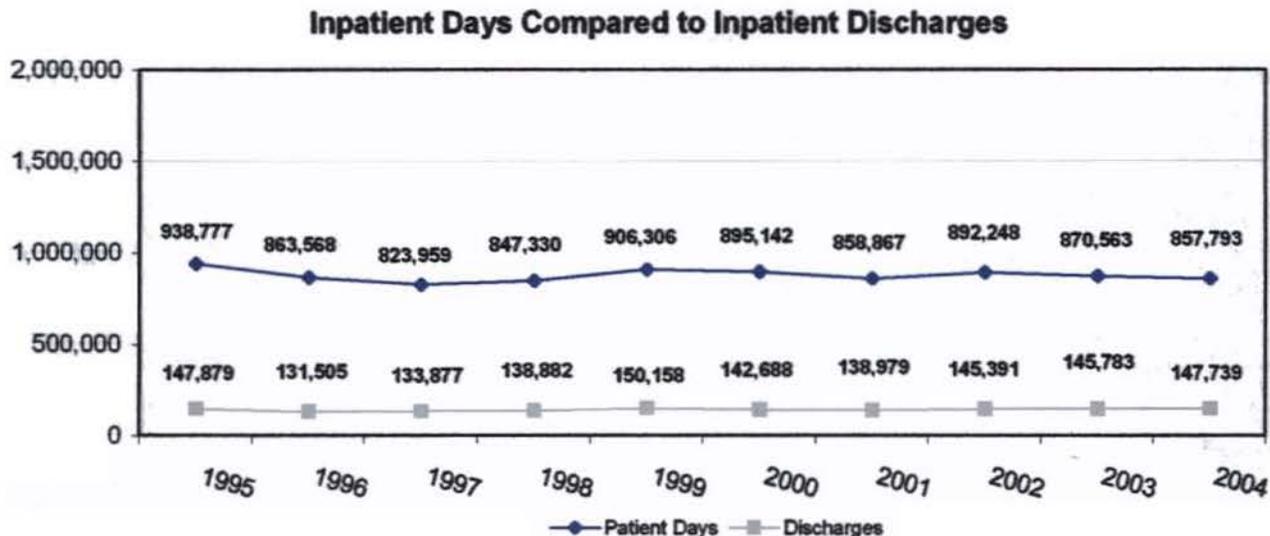
Note: "Medicaid" includes all Medicaid programs (regardless of state), including D.C. Healthy Families, all medical charities programs as well as the D.C. Healthcare Alliance program.

Note: Calculations excludes MedLINK Hospital, federal and psychiatric hospitals.

Source: 2004 DCHA Financial Indicators Survey.

Inpatient Days Compared to Inpatient Discharges Ten-Year Comparison: 1995 v. 2004

In 1995, District hospitals reported nearly 940,000 inpatient days. By 2003, however, inpatient days had fallen to under 860,000. This reflects a decrease of over 80,000 days, or 8.6 percent, over 10 years. However, after fluctuating for several years, inpatient discharges are at nearly the same level over this ten-year period, from 147,879 discharges in 1995 to 147,739 discharges in 2004, resulting in an overall reduction in average length of stay.

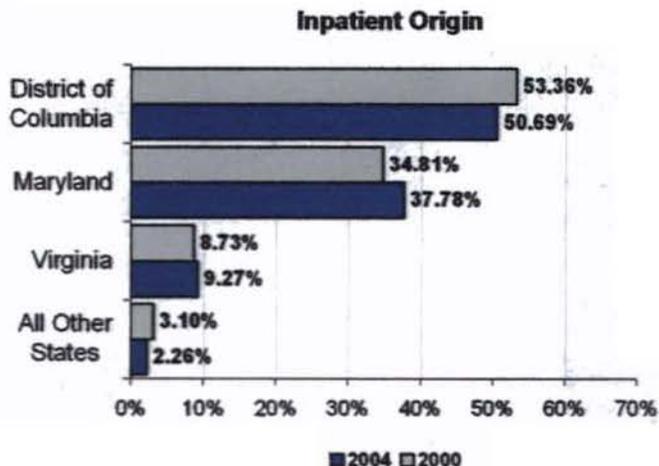


Note: Calculation excludes MedLINK Hospital, federal and psychiatric hospitals.
Source: 2004 DCHA Financial Indicators Survey.

Inpatient Origin: 2000 v. 2004 District of Columbia Hospitals

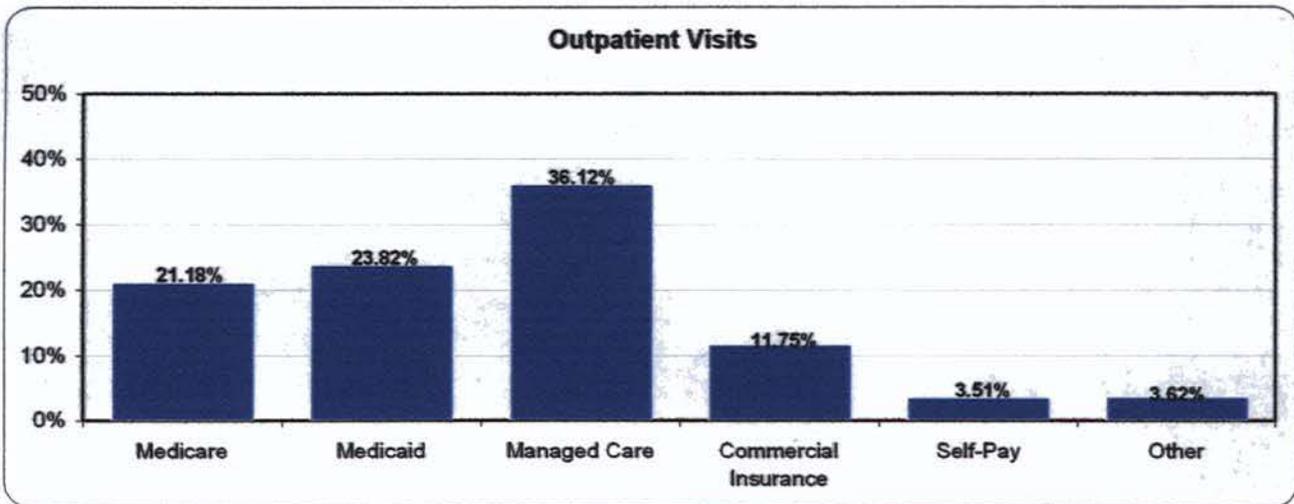
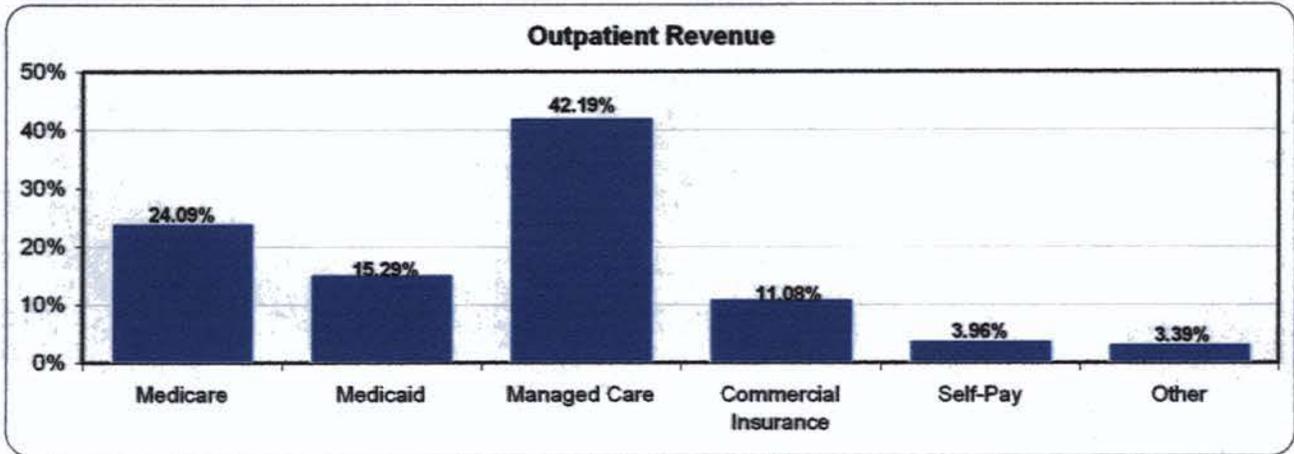
While the District of Columbia has a relatively small population (563,384 in 2003, as estimated by the U.S. Census Bureau), District hospitals serve patients from throughout the region. In fact, only about half of the patients served in D.C. hospitals actually live in the city. Furthermore, compared to 2000 inpatient origin data, there is a decrease in inpatient service to District residents and an increase in inpatient service to Maryland and Virginia residents.

Source: DCHA Patient Data System, 2000 and 2004. Hospitals in this database include Children's National Medical Center, Columbia Hospital for Women (only in 2000), D.C. General Hospital (only in 2000), George Washington University Hospital, Georgetown University Hospital, Greater Southeast Community Hospital, Hadley Memorial Hospital (only in 2000), Howard University Hospital, National Rehabilitation Hospital, Providence Hospital, Sibley Memorial Hospital, Veterans Affairs Medical Center and Washington Hospital Center.



Total Outpatient Revenue and Visits by Payor Class Fiscal Year 2004

Previously, District hospitals reported only inpatient and outpatient revenues, with emergency department revenue included in each hospital's outpatient revenues. Beginning in fiscal year 1999, hospitals began to extract their emergency department revenue from outpatient revenues. The correlation between outpatient revenues and outpatient visits is consistent among all of the payors except Medicaid, where the percentage of revenue is significantly less than the percentage of visits. In addition, the percentage of Medicare revenue is significantly greater than the percentage of Medicare emergency room visits.



Note: "Medicaid" includes all Medicaid programs (regardless of state), including D.C. Healthy Families, all medical charities programs as well as the D.C. Healthcare Alliance program.

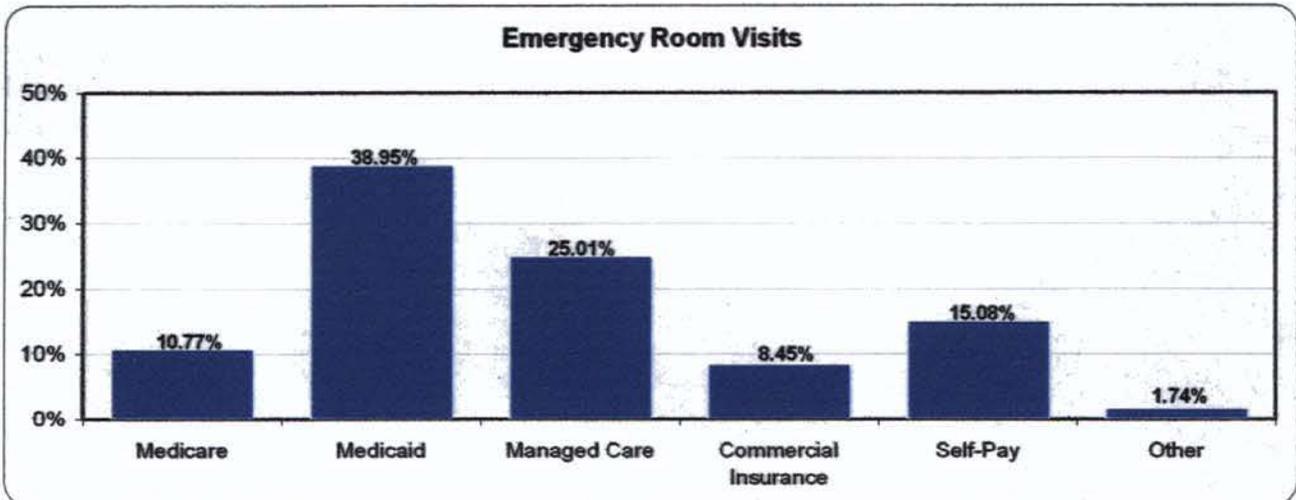
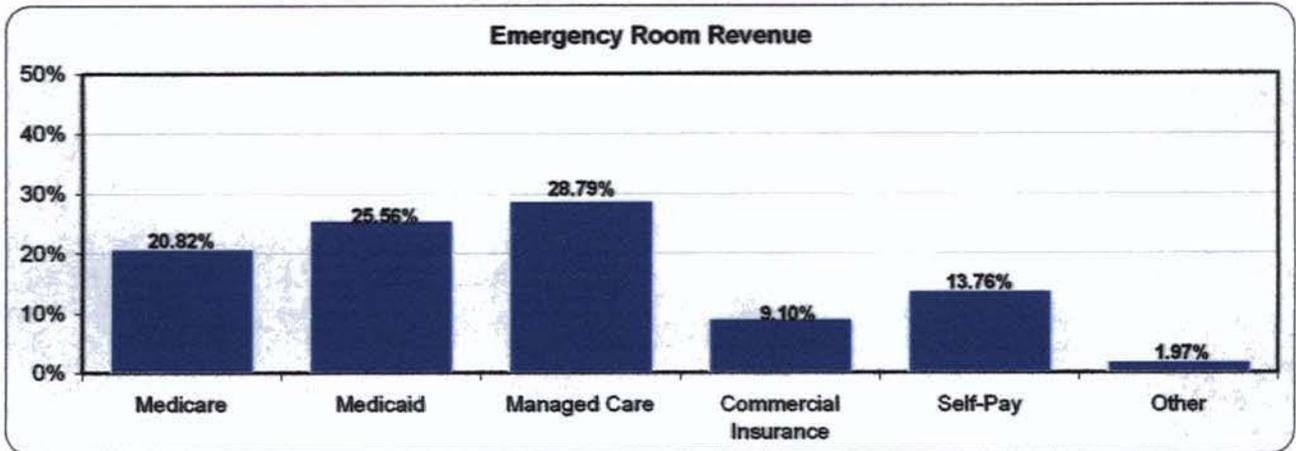
Note: Calculation excludes Hadley Memorial Hospital, MedLINK Hospital, National Rehabilitation Hospital, federal and psychiatric hospitals.

Note: George Washington University Hospital includes self-pay in "Other."

Source: 2004 DCHA Financial Indicators Survey.

Total Emergency Room Revenue and Visits by Payor Class Fiscal Year 2004

Previously, District hospitals reported only inpatient and outpatient revenues, with emergency department revenue included in each hospital's outpatient revenues. Beginning in fiscal year 1999, hospitals began to extract their emergency department revenue from outpatient revenues. As seen in the outpatient revenue/visits data, the correlation between emergency room revenues and emergency room visits is consistent among most of the payors. However, once again the percentage of Medicaid revenue is significantly less than the percentage of visits.



Note: "Medicaid" includes all Medicaid programs (regardless of state), including D.C. Healthy Families, all medical charities programs as well as the D.C. Healthcare Alliance program.

Note: Calculation excludes Hadley Memorial Hospital, MedLINK Hospital, National Rehabilitation Hospital, federal and psychiatric hospitals.

Note: Data was unavailable by payor class for George Washington University Hospital.

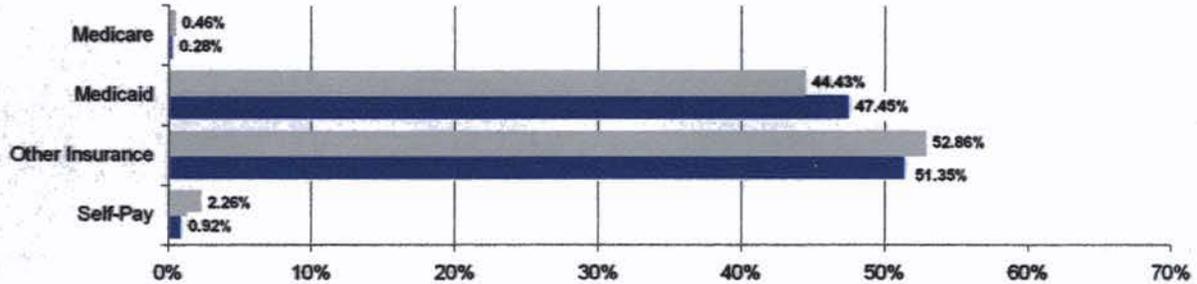
Source: 2004 DCHA Financial Indicators Survey.

Payor Mix by Gross Patient Revenue – 2000 v. 2004 District of Columbia Hospitals

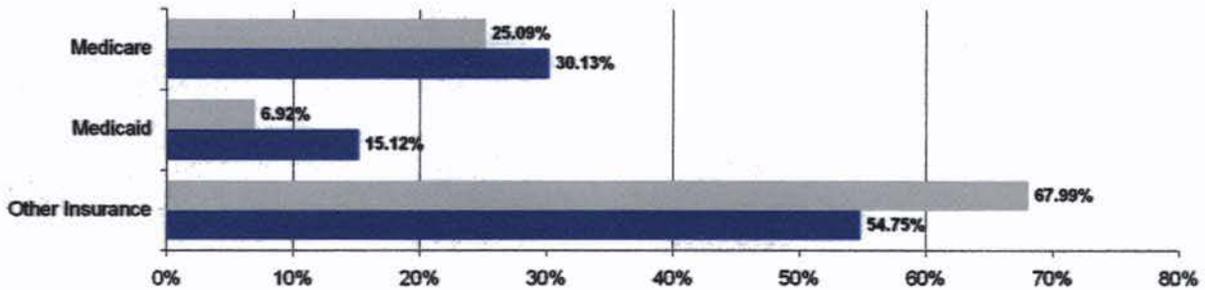
Payor mix is an important characteristic that defines hospital financial stability. A hospital's balance between public and private payors is often reflected in its overall financial health. In the District, both Medicare and Medicaid patients generally have longer lengths of stay, more severe acuity, frequent co-morbidities, as well as complications resulting from intermittent insurance coverage.

NOTE: In all charts below "Medicaid" includes all Medicaid payors regardless of state, as well as revenues from D.C. Healthy Families and the D.C. Healthcare Alliance, as described in the Introduction to this Report. "Other Insurance" includes commercial managed care, commercial fee-for-service and other insurers. D.C. Healthcare Alliance hospital providers include: Children's National Medical Center, George Washington University Hospital, Greater Southeast Community Hospital, Howard University Hospital, Providence Hospital and Washington Hospital Center.

Children's National Medical Center

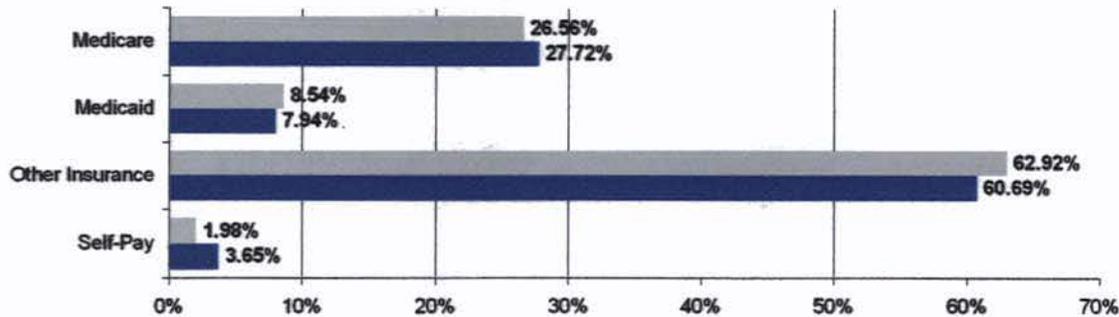


George Washington University Hospital



Note: George Washington University Hospital includes self-pay in "Other."

Georgetown University Hospital

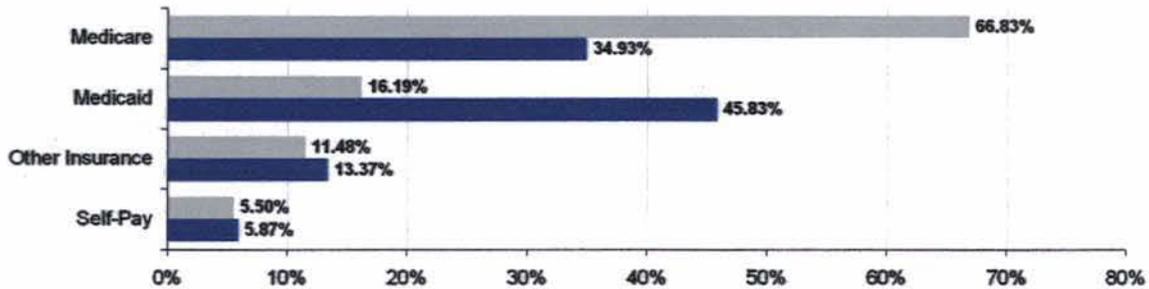


■ 2004 ■ 2000

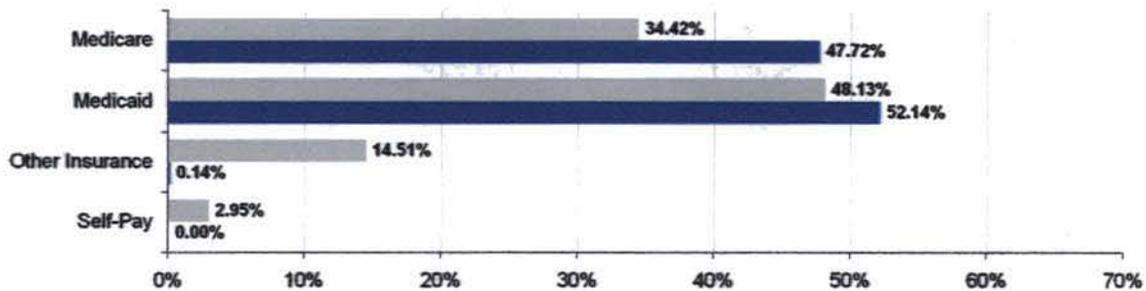
Payor Mix by Gross Patient Revenue – 2000 v. 2004 District of Columbia Hospitals (continued)

NOTE: In all charts below "Medicaid" includes all Medicaid payors regardless of state, as well as revenues from D.C. Healthy Families and the D.C. Healthcare Alliance, as described in the Introduction to this Report. "Other Insurance" includes commercial managed care, commercial fee-for-service and other insurers. D.C. Healthcare Alliance hospital providers include: Children's National Medical Center, George Washington University Hospital, Greater Southeast Community Hospital, Howard University Hospital, Providence Hospital and Washington Hospital Center.

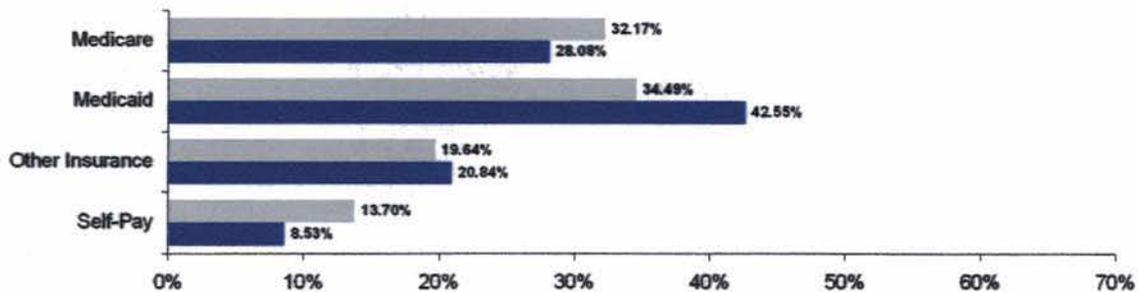
Greater Southeast Community Hospital



Hadley Memorial Hospital



Howard University Hospital

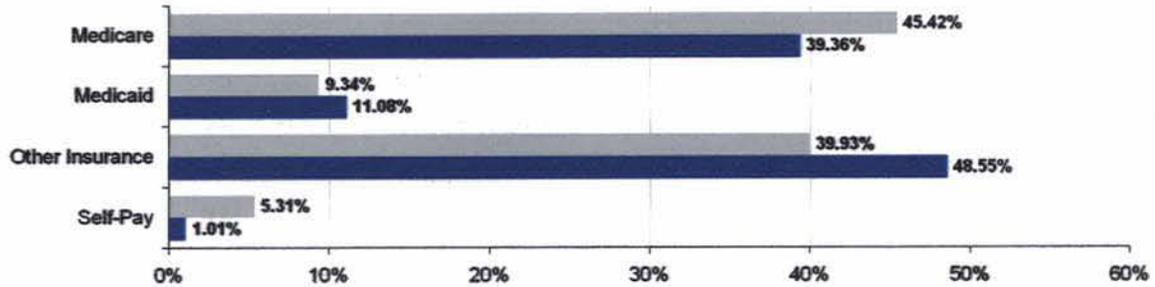


■ 2004 ■ 2000

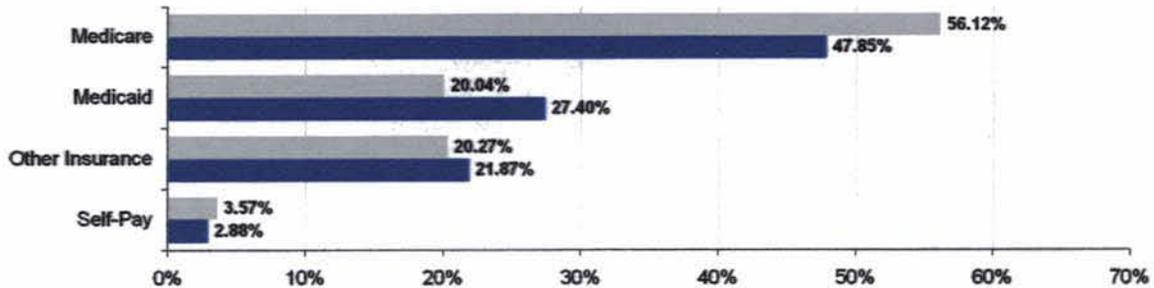
Payor Mix by Gross Patient Revenue – 2000 v. 2004 District of Columbia Hospitals (continued)

NOTE: In all charts below "Medicaid" includes all Medicaid payors regardless of state, as well as revenues from D.C. Healthy Families and the D.C. Healthcare Alliance, as described in the Introduction to this Report. "Other Insurance" includes commercial managed care, commercial fee-for-service and other insurers. D.C. Healthcare Alliance hospital providers include: Children's National Medical Center, George Washington University Hospital, Greater Southeast Community Hospital, Howard University Hospital, Providence Hospital and Washington Hospital Center.

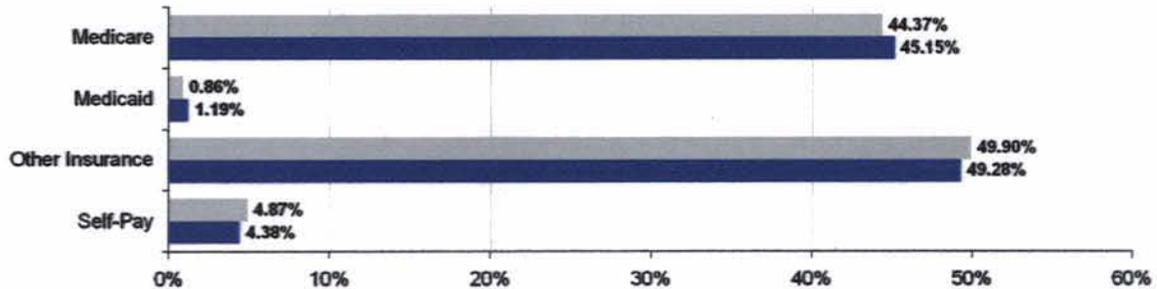
National Rehabilitation Hospital



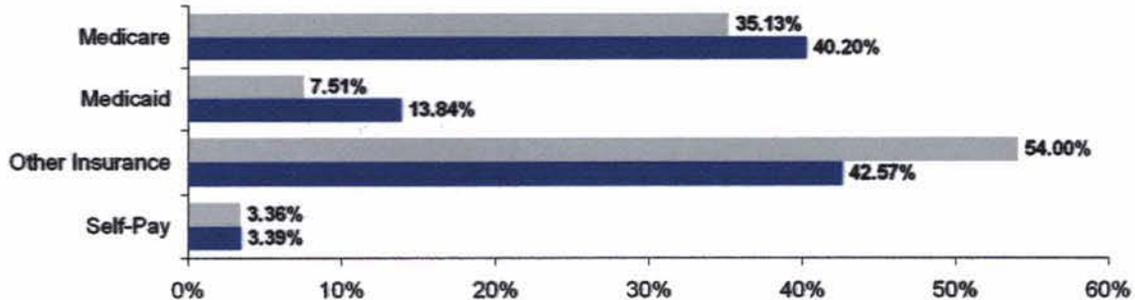
Providence Hospital



Sibley Memorial Hospital



Washington Hospital Center



■ 2004 ■ 2000

Operating Beds By Service Second Quarter 2005

Since the Second Quarter of 2001, the District's non-federal acute care hospitals experienced a decrease 11.21 percent in total operating beds. This follows the loss of D.C. General Hospital and Columbia Hospital for Women and the conversion of Hadley Memorial Hospital. Among the factors influencing bed-need in the District are: District hospitals continue to be the tertiary referral center for a population of over 3.6 million people; the District remains an international center of activity, drawing dignitaries from throughout the world for major events, requiring effective and accessible premiere acute health care services; and the very real threat of terrorism that requires hospitals to maintain "surge capacity" for beds and services in the event of an attack.

	MED/ SURG	OB/ GYN	PEDS	ICU	NICU	PSYCH	SUBST ABUSE	OTHER	TOTAL
Non-Federal Acute Care Hospitals:									
Children's National Medical Center	0	0	115	18	35	20	0	0	188
George Washington University Hospital	185	45	0	48	18	20	0	16	332
Georgetown University Hospital	179	22	30	38	46	14	0	0	329
Greater Southeast Community Hospital	116	14	0	28	15	20	0	25	218
Howard University Hospital	208	10	16	30	9	18	0	0	291
Providence Hospital	182	32	0	12	9	29	12	0	276
Sibley Memorial Hospital	167	20	0	14	0	20	0	16	237
Washington Hospital Center	644	35	0	66	20	36	22	0	823
Non-Federal Acute Subtotal	1,681	178	16	254	152	177	34	57	2,694
Federal Acute Care Hospitals:									
Veterans Affairs Medical Center	93	0	0	20	0	28	0	0	141
Walter Reed Army Medical Center	160	0	18	57	0	26	0	0	261
Malcolm Grow Medical Center/Andrews AFB	20	17	0	8	0	0	0	0	45
National Naval Medical Center/Bethesda	146	34	0	20	24	10	0	23	257
Federal Acute Subtotal	419	51	18	105	24	64	0	23	704
Other Specialty and Psychiatric Hospitals:									
Hadley Memorial Hospital	0	0	0	0	0	0	0	82	82
National Rehabilitation Hospital	0	0	0	0	0	0	0	190	190
Psychiatric Institute of Washington	0	0	0	0	0	104	0	0	104
Riverside Hospital	0	0	0	0	0	126	0	0	126
Saint Elizabeths Hospital	0	0	0	0	0	548	0	0	548
Specialty and Psychiatric Subtotal	0	0	0	0	0	778	0	272	1,050
GRAND TOTAL	2,666	280	179	387	200	1,029	34	376	4,448

Source: DCHA Bed Capacity and Occupancy Report, Second Quarter 2005.

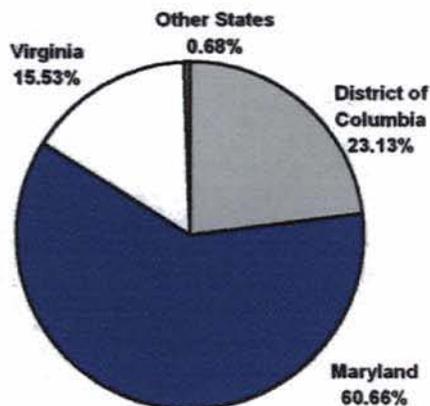
Health Care Employee Information Fiscal Year 2004

As the second largest non-government employer in the District of Columbia, hospitals are an economic force that provides stability to the Washington, D.C. metropolitan area. Hospitals in the District of Columbia consistently employ over 25,000 people from around the region.

The current critical health professions shortage across the U.S. has affected District hospitals as well. Vacancies in nursing, pharmacy, radiology technicians, medical technicians and others are major causes for concern. The shortage is the primary reason why District hospitals are unable to staff additional beds, which can lead to overcrowding of emergency rooms and increased ambulance diversion hours.

While hospitals' efforts to attract and retain these employees are underway, District hospitals reported an estimated 16.8 percent vacancy rate for nurses (includes all Registered Nurses, Licensed Practical Nurses and Nursing Aides) in 2004.

D.C. Hospital Employee State of Residence



Percentage of District Hospital Employees Residing in D.C., Maryland and Virginia				
	District of Columbia	Maryland	Virginia	Other
Children's National Medical Center	25.14%	59.58%	14.85%	0.43%
George Washington University Hospital	20.46%	48.86%	30.20%	0.48%
Georgetown University Hospital	24.22%	40.96%	31.91%	2.91%
Greater Southeast Community Hospital	17.67%	73.13%	9.20%	0.00%
Hadley Memorial Hospital	26.24%	66.76%	7.00%	0.00%
Howard University Hospital	28.82%	63.18%	7.65%	0.35%
National Rehabilitation Hospital	16.52%	70.57%	12.91%	0.00%
Providence Hospital	25.51%	68.17%	6.02%	0.30%
Sibley Memorial Hospital	22.02%	54.86%	22.87%	0.25%
Washington Hospital Center	21.42%	66.53%	11.48%	0.57%

Note: Calculation excludes rehabilitation, psychiatric and federal hospitals.

Source: 2004 DCHA Financial Indicators Survey.

GLOSSARY OF FINANCIAL TERMS

BAD DEBT: *The unpaid obligation for care provided to patients who have been determined to be able to pay, but have not demonstrated a willingness to do so.* Bad debt includes any unpaid patient responsibility, which may include, but is not limited to: deductibles; co-insurance; co-payments; and, non-covered services. Patients are presumed to be able to pay until and unless information is obtained which indicates an inability on their part to do so.

CHARGES: *The dollar amount billed for a service by a health care provider, similar to the "retail" price.*

CHARITY CARE: *Health care services provided to people who are determined to be unable to pay for the cost of health care services. Charity care results from a provider's policy to render health care services to those individuals who are unable to pay for some or all of their care.* Inability to pay is determined through examination of one or more of the following: individual and family income; assets; employment status; family size; or, availability of alternative sources of payment. Charity care may include patients who may qualify for a public assistance program and meet the hospital's guidelines, but who do not complete the application process despite the hospital's best efforts.

CONTRACTUAL ALLOWANCES: *The difference between gross charges and payments received under contractual arrangements with third party payors, including insurance companies, Medicare, Medicaid, D.C. Healthcare Alliance and health plans.*

COSTS: *The actual dollar amount incurred in providing a health service.*

DISCHARGE: *The formal release of a patient from a health care facility.*

INPATIENT SERVICES: *Health care treatment rendered to a patient while residing in the hospital.*

MANAGED CARE: *An entity that "manages" or controls what it spends on health care by closely monitoring how health care providers render services to patients.*

OPERATING MARGIN: *The percent difference between operating expenses and operating revenue.*

OUTPATIENT SERVICES: *Health care treatment rendered to a patient without being admitted to stay overnight in the hospital.*

PAYOR MIX: *The percentage of patients from each category of payors. The major payor classes included in the payor mix are: Medicare, Medicaid, Blue Cross, commercial insurance, managed care contracts, and self-pay patients.* Medicaid includes all Medicaid payors regardless of state, as well as revenues from D.C. Healthy Families and the D.C. Healthcare Alliance, as described in the Introduction to this Report. "Other Insurance" includes Blue Cross, commercial managed care, commercial fee-for-service and other insurers. D.C. Healthcare Alliance hospital providers include: Children's National Medical Center, George Washington University Hospital, Greater Southeast Community Hospital, Howard University Hospital, Providence Hospital and Washington Hospital Center.

UNSPONSORED CARE: *The actual cost of services rendered to patients for which the health care provider does not expect to receive payment.* According to accounting guidelines, unsponsored care is a combination of bad debt and charity care. Unsponsored care does not include contractual allowances.

ABOUT THIS REPORT ON UTILIZATION INDICATORS

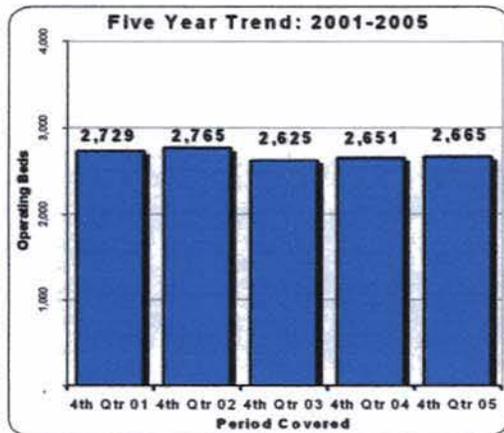
The charts in this publication are intended to provide aggregate and comparative data on the utilization trends of the District of Columbia hospital community for calendar year 2005. The source of the data is the District of Columbia Hospital Association's (DCHA) Monthly Utilization Survey and Quarterly Bed Capacity and Census Survey (self-reported by individual hospitals). The graphs in this report describe utilization trends in the aggregate for the following District's acute care non-federal hospitals:

- | | | |
|---------------------------------------|--------------------------------------|----------------------------|
| Children's National Medical Center | Greater Southeast Community Hospital | Sibley Memorial Hospital |
| George Washington University Hospital | Howard University Hospital | Washington Hospital Center |
| Georgetown University Hospital | Providence Hospital | |

The health care community in the District of Columbia has seen significant changes in the last five years, including the conversion of Hadley Memorial Hospital from an acute to a long-term acute care facility in 2001, the closure of DC General Hospital in 2001 and the closure of Columbia Hospital for Women in 2002. For comparison, those hospitals have been removed from all charts, with the exception of Operating Bed Capacity.

Operating Bed Capacity

Compared to last year, there has been a slight increase of 14 operating beds in the District's acute care non-federal hospitals. However, there has been an overall decrease in the number since 2001. From the fourth quarter of 2001 through the fourth quarter of 2005, the District's acute care non-federal hospitals decreased the number of operating beds by 64 or 2.3 percent.



Note: Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.

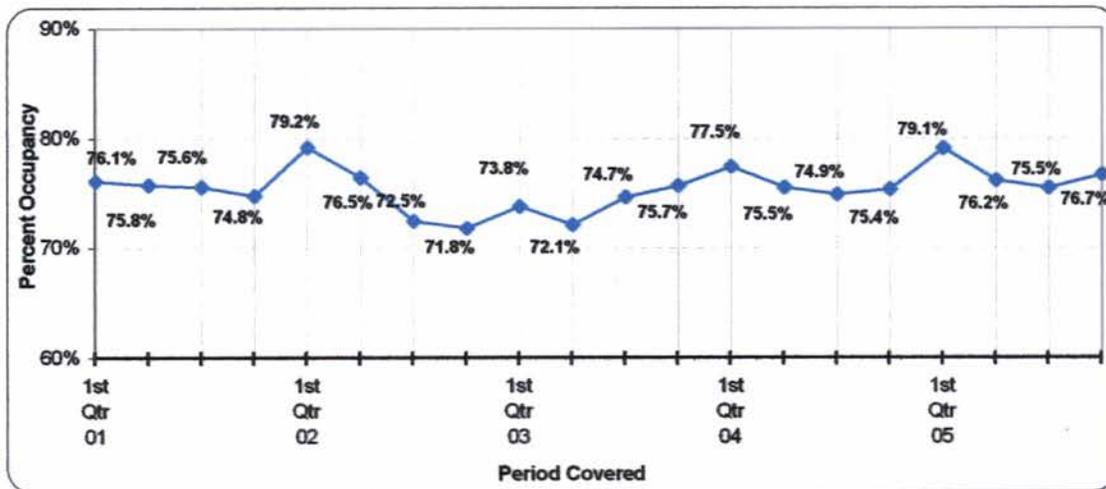
Definition: Bed Capacity – The average number of operating staffed beds during the reporting period.

Source: DCHA Quarterly Occupancy and Bed Capacity Survey

	Beds In Operation		Percent Change
	4 th Quarter 2001	4 th Quarter 2005	
Acute Care			
Children's National Medical Center	188	188	0.0%
George Washington University Hospital	231	332	43.7%
Georgetown University Hospital	338	329	-2.6%
Greater Southeast Community Hospital	320	218	-31.8%
Howard University Hospital	291	291	0.0%
Providence Hospital	305	275	-9.8%
Sibley Memorial Hospital	256	228	-10.9%
Washington Hospital Center	800	804	0.5%
ACUTE TOTAL	2,729	2,665	-2.3%
Other Specialty			
Hadley Memorial Hospital	45	82	82.2%
National Rehabilitation Hospital	133	137	3.0%
Psychiatric			
Psychiatric Institute of Washington	104	104	0.0%
Riverside Hospital	N/A	144	N/A
Saint Elizabeths Hospital, DMH	553	548	-0.9%
Federal			
Veterans Affairs Medical Center	166	141	-15.0%
Walter Reed Army Medical Center	256	261	1.9%
Malcolm Grow Medical Center, AAFB	68	41	-39.7%
National Naval Medical Center, Bethesda	185	257	38.9%
SUBTOTAL - DC ONLY	3,986	4,082	2.4%
GRAND TOTAL	4,239	4,380	3.3%

Occupancy Rate

While there is a seasonal fluctuation in the District's occupancy rate, it continues to be higher than the national average, which is under 65 percent. The 2005 annualized occupancy rate of 76.87% reflects a 2.19% increase compared to five years ago.



Note: Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.

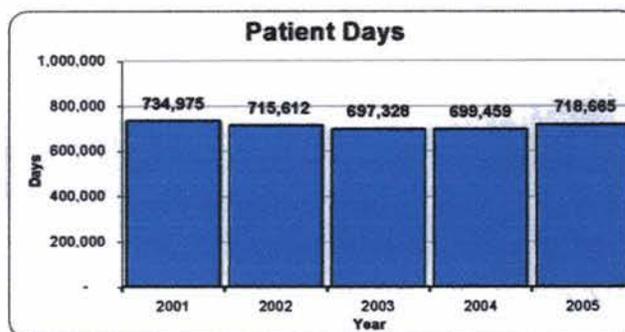
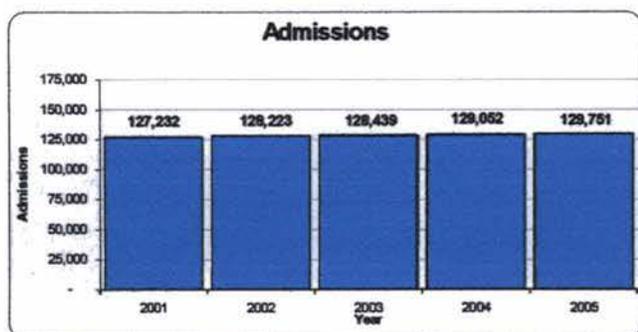
	Annualized Occupancy Rate		% Change
	2001	2005	
Acute Care			
Children's National Medical Center	90.96%	101.33%	11.40%
George Washington University Hospital	77.38%	62.88%	-18.74%
Georgetown University Hospital	70.23%	83.36%	18.70%
Greater Southeast Community Hospital	65.63%	61.12%	-6.87%
Howard University Hospital	76.58%	72.85%	-4.87%
Providence Hospital	73.70%	79.55%	7.94%
Sibley Memorial Hospital	69.97%	70.13%	0.23%
Washington Hospital Center	79.26%	80.99%	2.18%
ACUTE TOTAL	75.22%	76.87%	2.19%
Other Specialty			
Hadley Memorial Hospital	46.92%	81.47%	73.64%
National Rehabilitation Hospital	72.54%	75.91%	4.65%
Psychiatric			
Psychiatric Institute of Washington	70.87%	75.00%	5.83%
Riverside Hospital	N/A	70.44%	N/A
Saint Elizabeths Hospital, DMH	95.14%	80.25%	-15.65%
Federal			
Veterans Affairs Medical Center	68.87%	66.08%	-4.05%
Walter Reed Army Medical Center	71.41%	68.20%	-4.50%
Malcolm Grow Medical Center, AAFB	42.04%	39.80%	-5.33%
National Naval Medical Center, Bethesda	46.75%	49.51%	5.90%
SUBTOTAL - DC ONLY	77.02%	76.17%	-1.10%
GRAND TOTAL	75.01%	74.24%	-1.03%

Definition: Occupancy percentages are calculated based on the number of operating beds. Percent occupancy is defined as the average daily census divided by the number of operating beds.

Source: DCHA Quarterly Occupancy and Bed Capacity Survey, 2006 AHA Hospital Statistics

Inpatient Admissions and Patient Days

After declining for nearly a decade to the lowest point in 1999, the number inpatient hospital admissions continue to slowly increase. On the other hand, the number of patient days reached its lowest point in 2000. Despite a peak and decline since 2001, the number of patient days is on the rise again. The closure or conversion of three District hospitals in 2001 and 2002 has contributed to these increases.



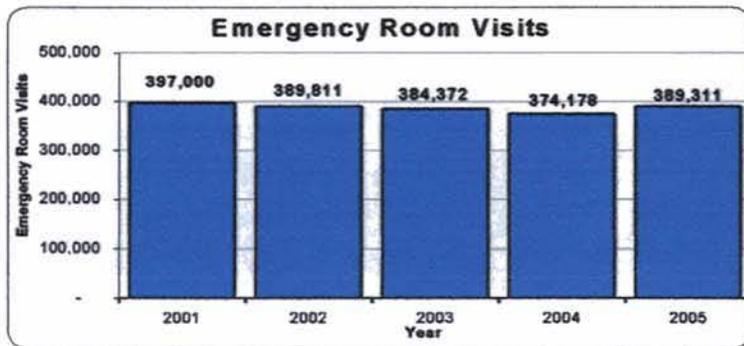
Note: Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.

	Admissions			Patient Days		
	2004	2005	% Change	2004	2005	% Change
Acute Care						
Children's National Medical Center	10,529	11,784	11.92%	52,268	57,406	9.83%
George Washington University Hospital	14,772	14,934	1.10%	72,381	73,472	1.51%
Georgetown University Hospital	14,319	15,024	4.92%	93,387	93,816	0.46%
Greater Southeast Community Hospital	7,886	8,507	7.87%	46,664	46,344	-0.69%
Howard University Hospital	12,584	12,383	-1.60%	76,679	75,397	-1.67%
Providence Hospital	13,132	13,390	1.96%	72,998	78,063	6.94%
Sibley Memorial Hospital	13,096	13,071	-0.19%	60,262	59,301	-1.59%
Washington Hospital Center	42,734	40,658	-4.86%	224,820	234,866	4.47%
ACUTE TOTAL	129,052	129,751	0.54%	699,459	718,665	2.75%
Other Specialty						
Hadley Memorial Hospital	747	964	29.05%	19,575	24,511	25.22%
National Rehabilitation Hospital	2,087	2,179	4.41%	36,819	37,919	2.99%
Psychiatric						
Psychiatric Institute of Washington	2,038	2,315	13.59%	28,156	29,215	3.76%
Riverside Hospital	678	553	-18.44%	34,081	32,459	-4.76%
Saint Elizabeths Hospital, DMH	2,360	1,650	-30.08%	186,886	161,688	-13.48%
Federal						
Veterans Affairs Medical Center	6,229	5,999	-3.69%	34,698	33,921	-2.24%
Walter Reed Army Medical Center	10,385	9,862	-5.04%	66,317	64,897	-2.14%
Malcolm Grow Medical Center, AAFB	3,006	2,219	-26.18%	8,111	5,832	-28.10%
National Naval Medical Center	9,096	9,380	3.12%	40,087	40,596	1.27%
SUBTOTAL - DC ONLY	153,576	153,273	-0.20%	1,105,991	1,103,275	-0.25%
GRAND TOTAL	165,678	164,872	-0.49%	1,154,189	1,149,703	-0.39%

Definition: *Inpatient Admissions* - The number of patients, excluding newborns, accepted for inpatient services during the entire reporting period.
Inpatient Days - The number of adult and pediatric days of care, excluding newborn days of care, rendered during the entire reporting period.

Source: DCHA Monthly Utilization Survey

Emergency Department Visits and Ambulatory Surgeries

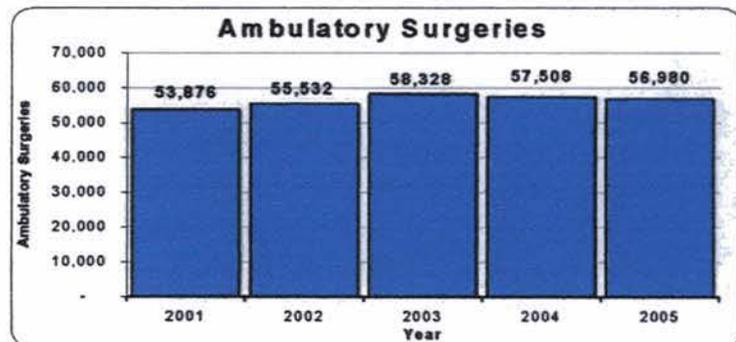


District hospitals saw a slight decrease in emergency department visits over the last three years, but experienced a four percent increase in 2005 compared to 2004 and an 11% increase over the last decade.

Note: Includes data for all hospitals providing emergency room services.

Despite increasing over 12% in the last decade, the number of ambulatory surgeries has begun to level off in recent years. This is consistent with the national trend.

Note: Includes data for all hospitals providing ambulatory surgeries.



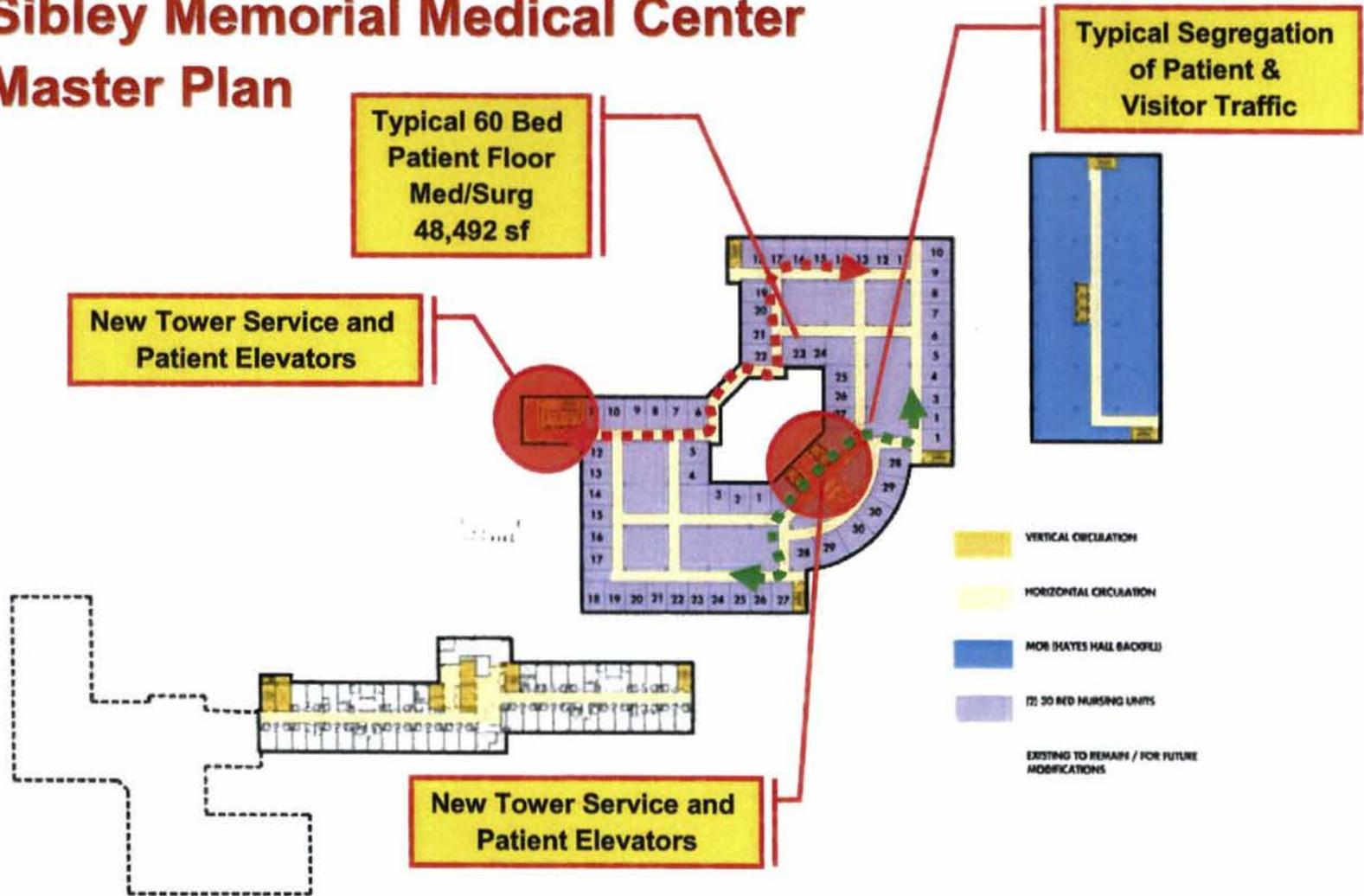
	Emergency Department Visits			Ambulatory Surgeries		
	2004	2005	% Change	2004	2005	% Change
Acute Care						
Children's National Medical Center	66,038	69,714	5.57%	5,588	6,470	15.78%
George Washington University Hospital	54,351	57,129	5.11%	5,480	5,067	-7.54%
Georgetown University Hospital	26,221	29,050	10.79%	9,113	8,478	-6.97%
Greater Southeast Community Hospital	39,103	37,891	-3.10%	2,040	2,088	2.35%
Howard University Hospital	47,738	47,059	-1.42%	7,439	7,116	-4.34%
Providence Hospital	46,492	48,666	4.68%	7,326	7,740	5.65%
Sibley Memorial Hospital	27,503	28,134	2.29%	9,685	9,183	-5.18%
Washington Hospital Center	66,732	71,668	7.40%	10,837	10,838	0.01%
ACUTE TOTAL	374,178	389,311	4.04%	57,508	56,980	-0.92%
Federal						
Veterans Affairs Medical Center	17,633	17,021	-3.47%	3,073	3,006	-2.18%
Walter Reed Army Medical Center	20,005	19,934	-0.35%	11,186	9,689	-13.38%
Malcolm Grow Medical Center, AAFB	28,152	26,741	-5.01%	2,168	1,787	-17.57%
National Naval Medical Center, Bethesda	22,191	22,810	2.79%	9,987	8,812	-11.77%
SUBTOTAL - DC ONLY	421,120	426,266	1.22%	71,767	69,675	-2.91%
GRAND TOTAL	471,463	475,817	0.92%	83,922	80,274	-4.35%

Note: Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.

Definition: Ambulatory Surgeries - The number of scheduled surgical services provided to patients who do not remain in the hospital overnight.
Emergency Department Visits - The number of visits to the hospital's emergency unit, including those resulting in admissions.

Source: DCHA Monthly Utilization Survey, American Hospital Association, Centers for Disease Control and Prevention/National Center for Health Statistics

Sibley Memorial Medical Center Master Plan

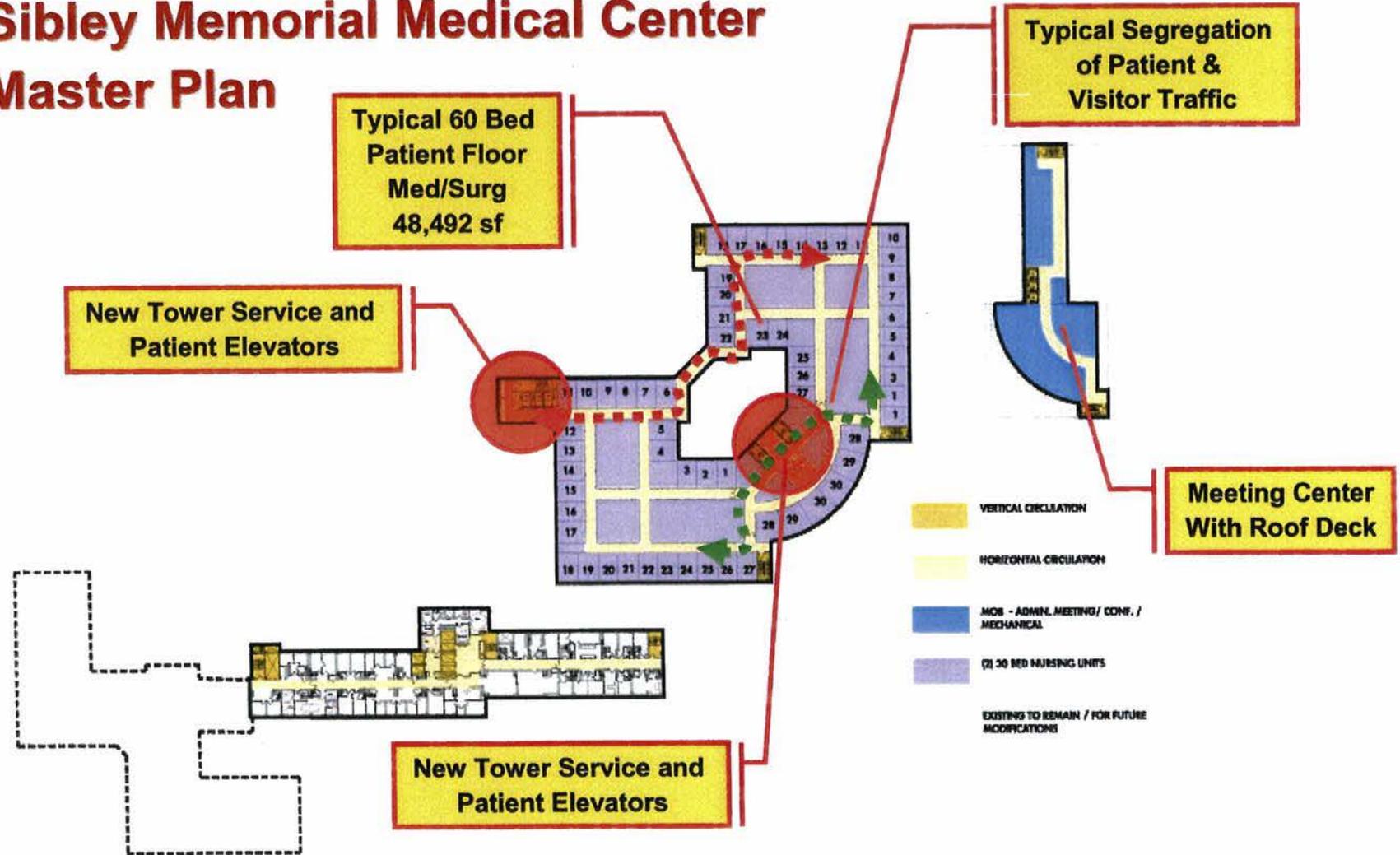


Full Build Out

Fifth Floor Plan Concept



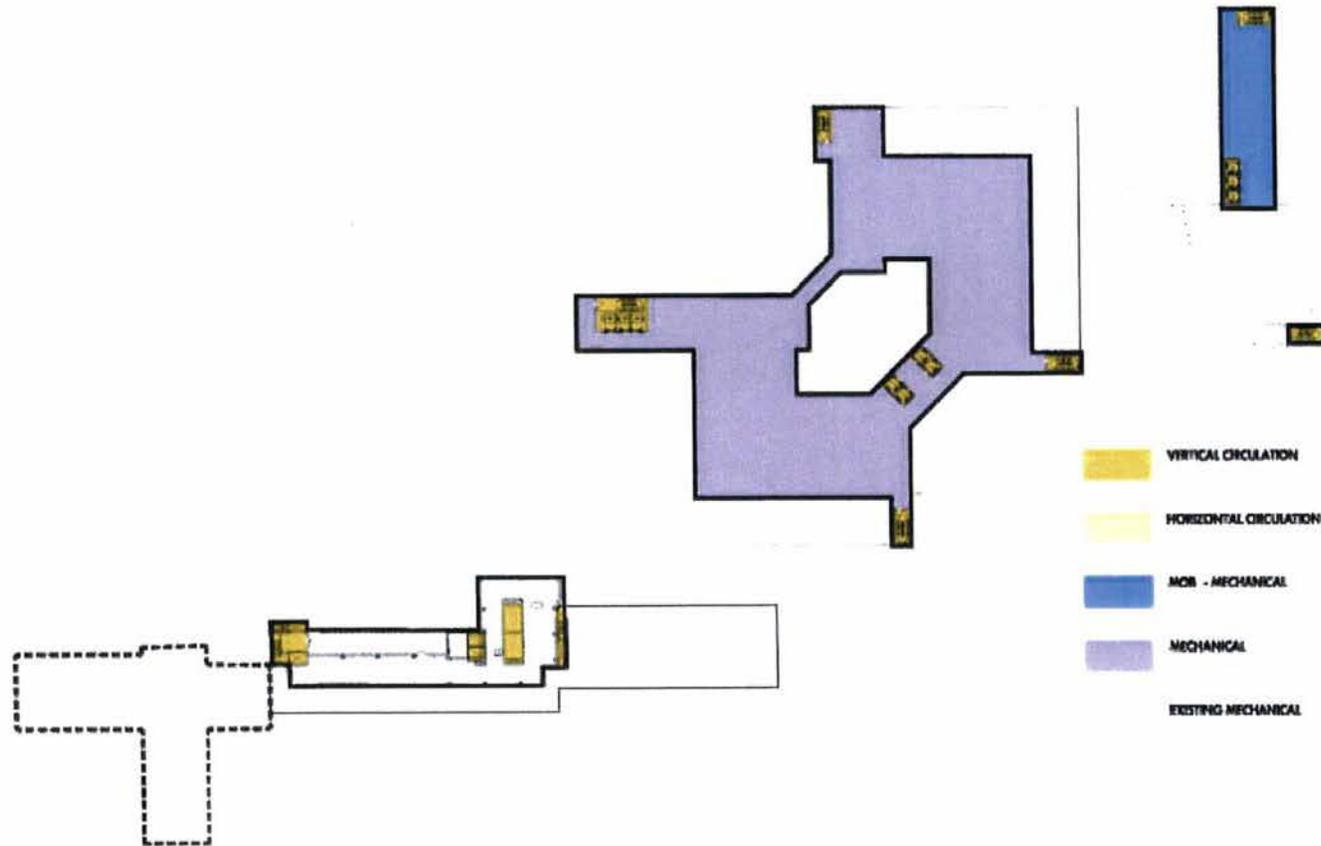
Sibley Memorial Medical Center Master Plan



Full Build Out **Seventh Floor Plan Concept**



Sibley Memorial Medical Center Master Plan



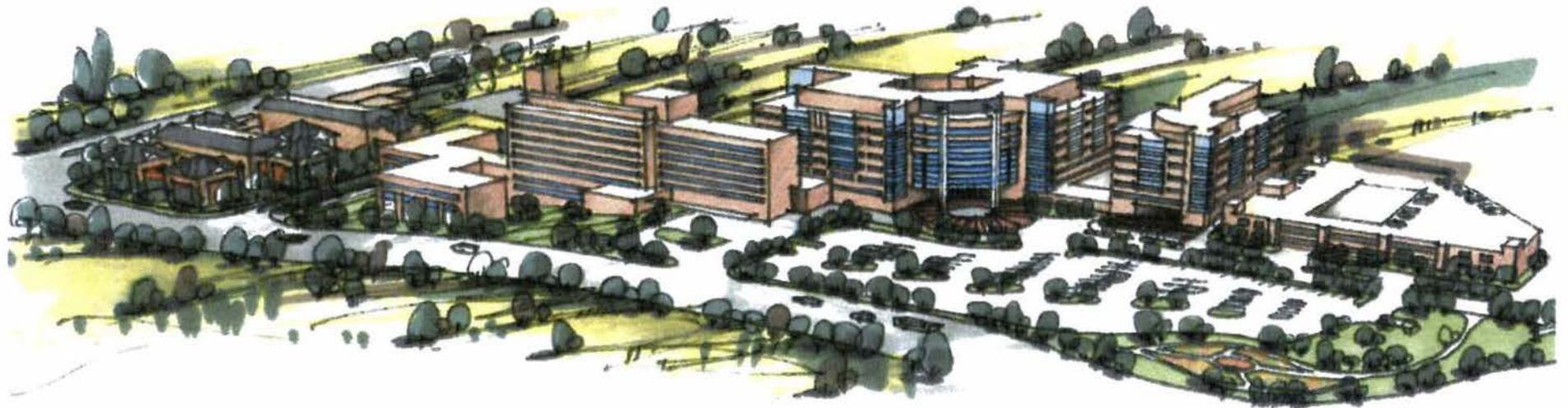
Full Build Out

Eighth Floor Plan Concept





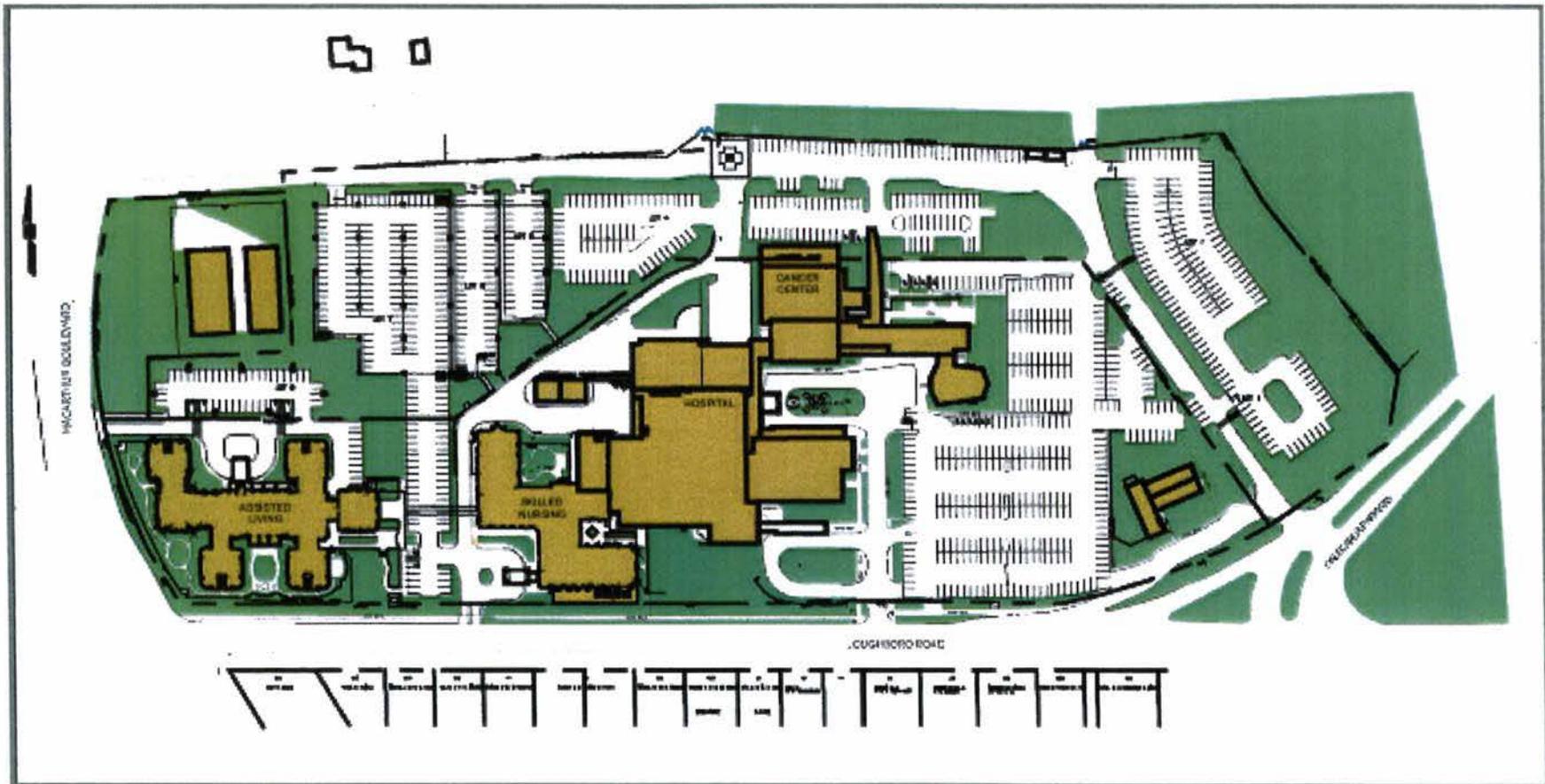
Sibley Memorial Medical Center Master Plan



Medical Center Campus Massing Concept



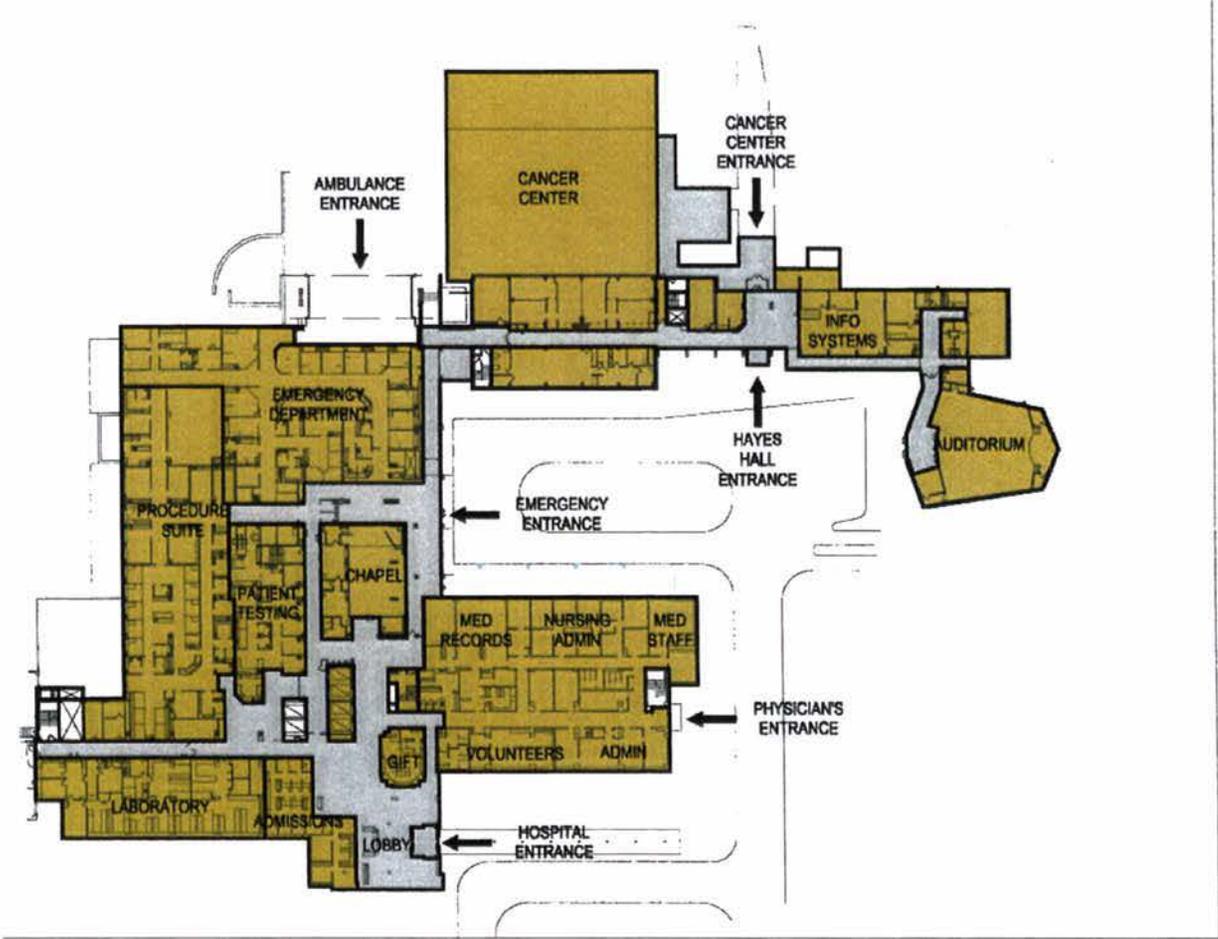
Sibley Memorial Medical Center Master Plan



Existing Campus **First Floor Plan**



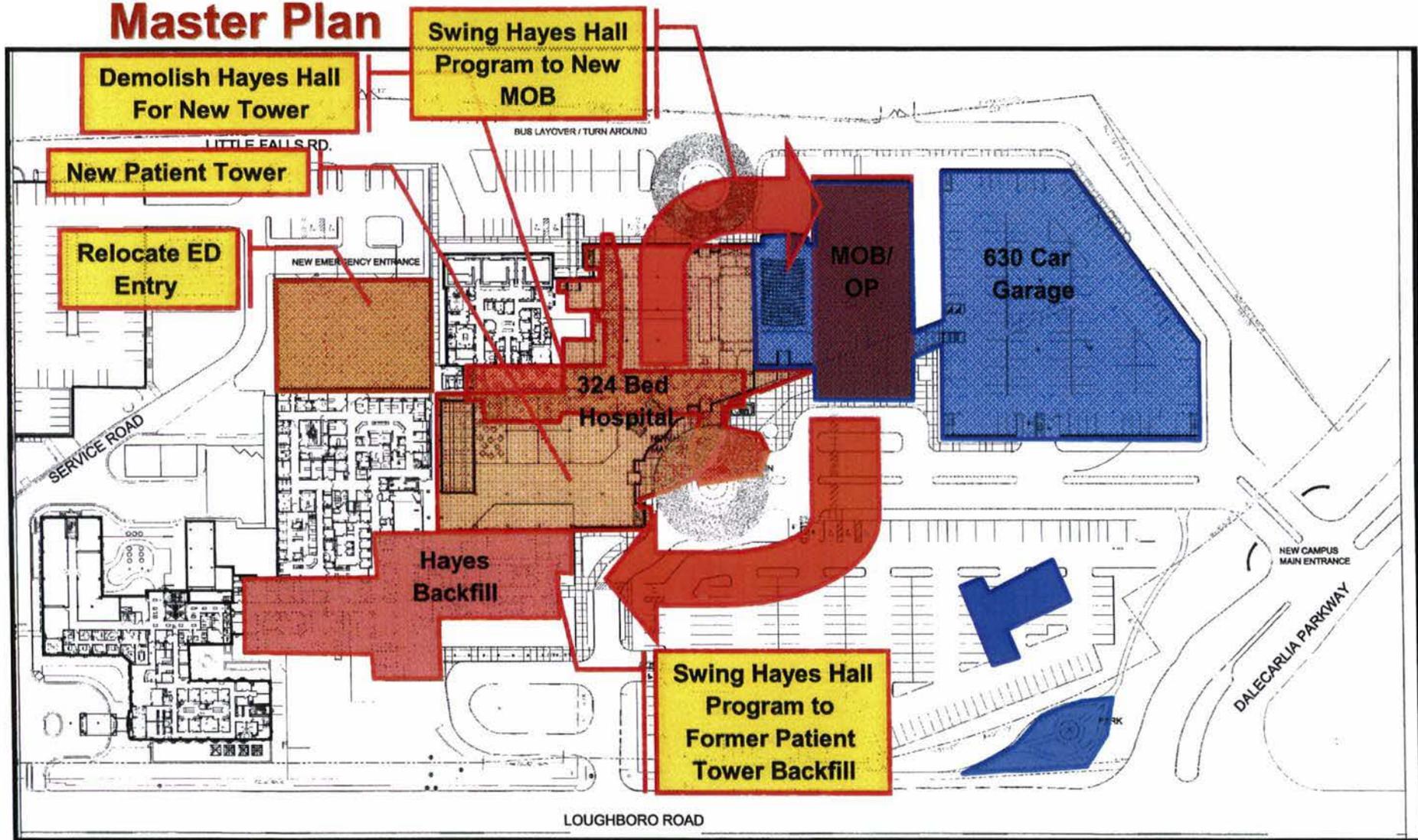
Sibley Memorial Medical Center Master Plan



Existing Hospital **First Floor Plan**



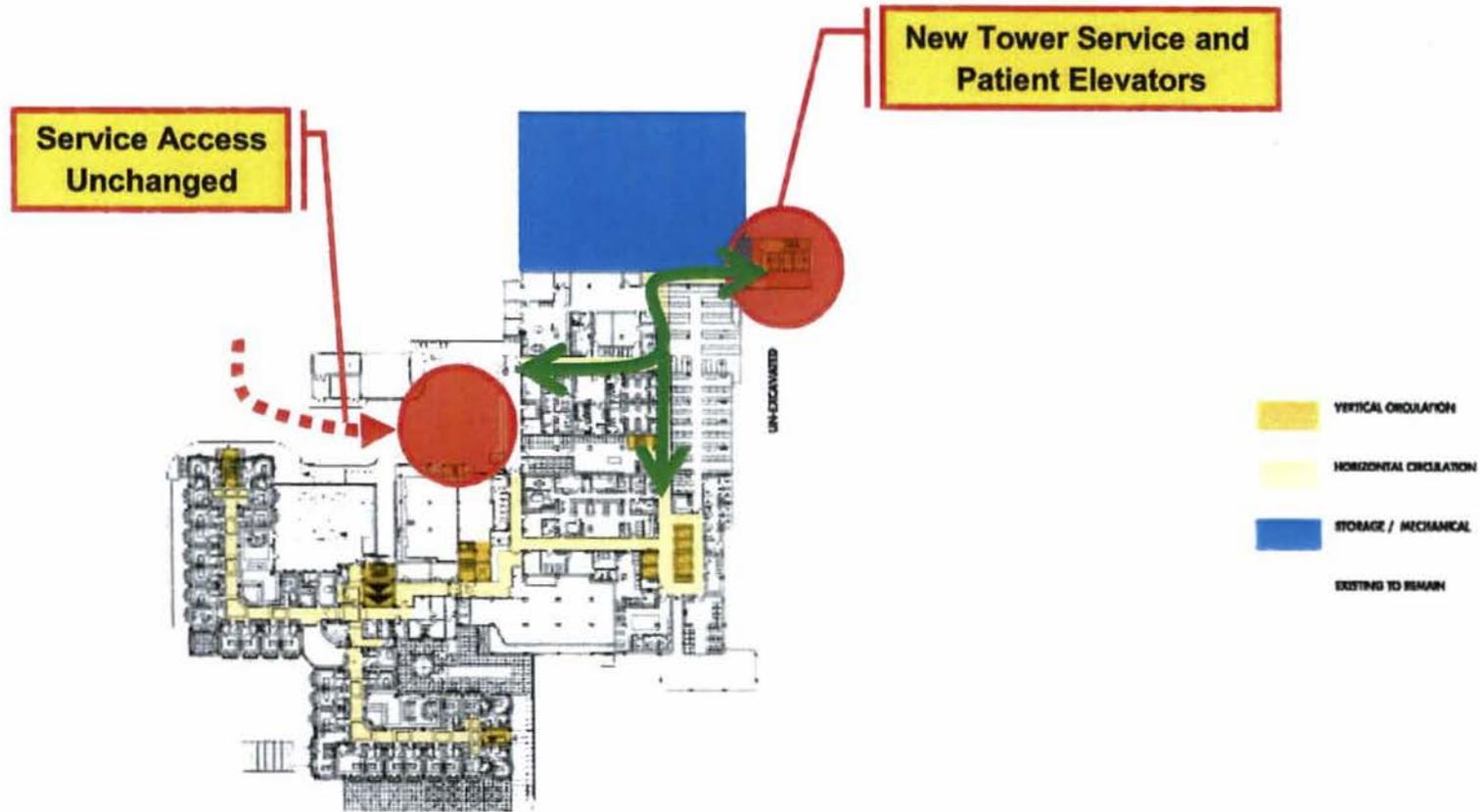
Sibley Memorial Medical Center Master Plan



Master Plan Phasing: Progression



Sibley Memorial Medical Center Master Plan

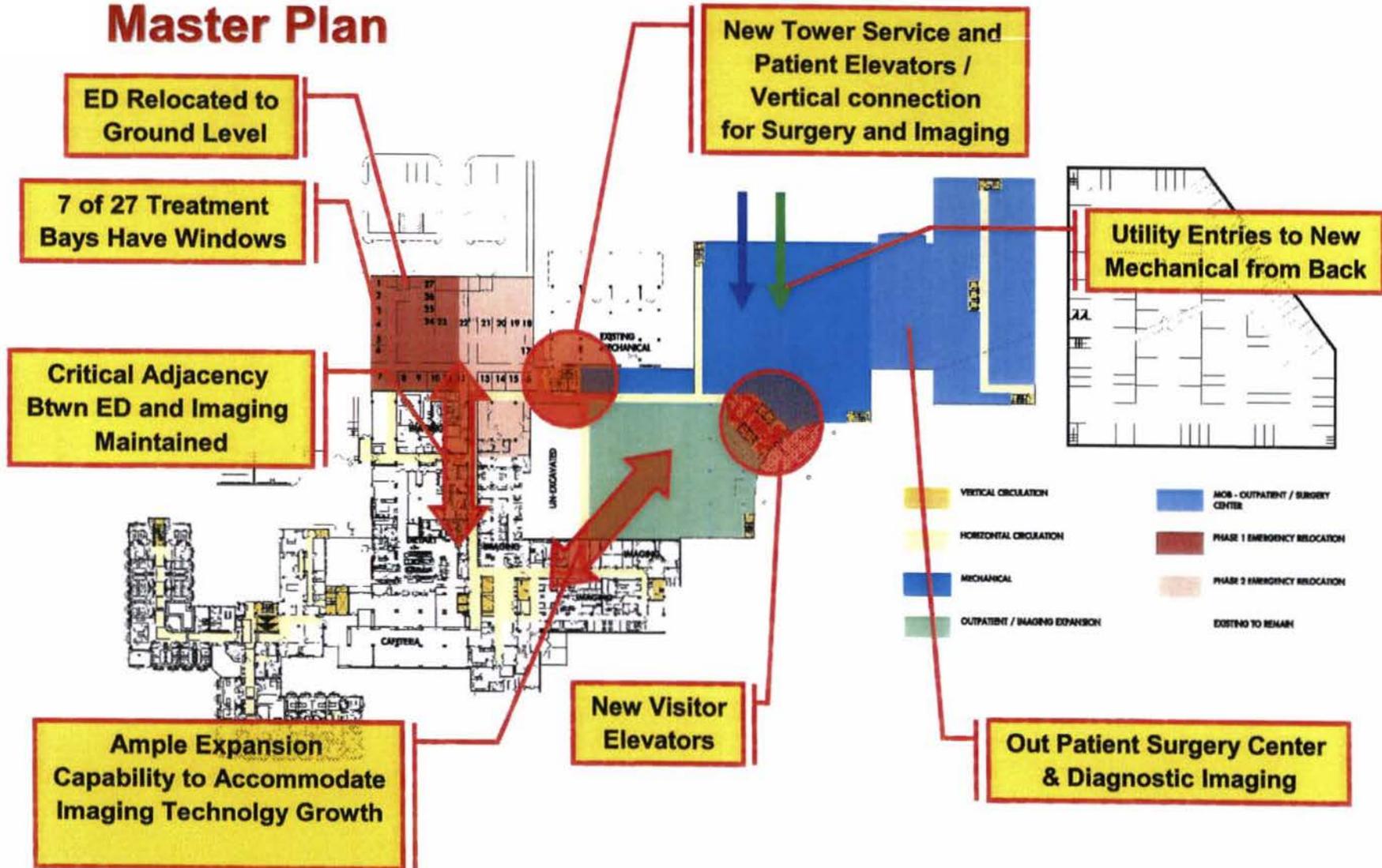


Full Build Out

Basement Floor Plan Concept



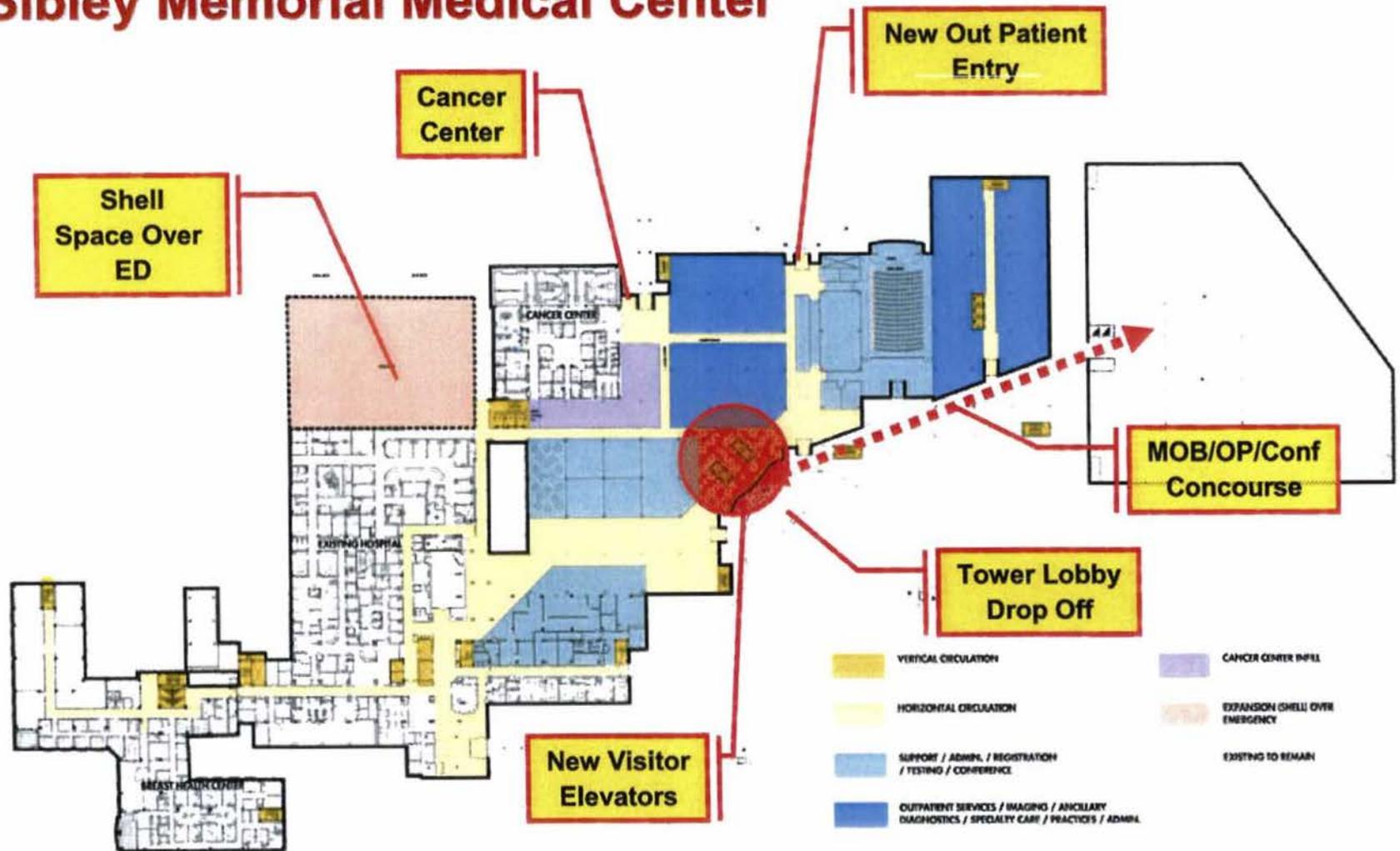
Sibley Memorial Medical Center Master Plan



Full Build Out **Ground Floor Plan Concept**



Sibley Memorial Medical Center

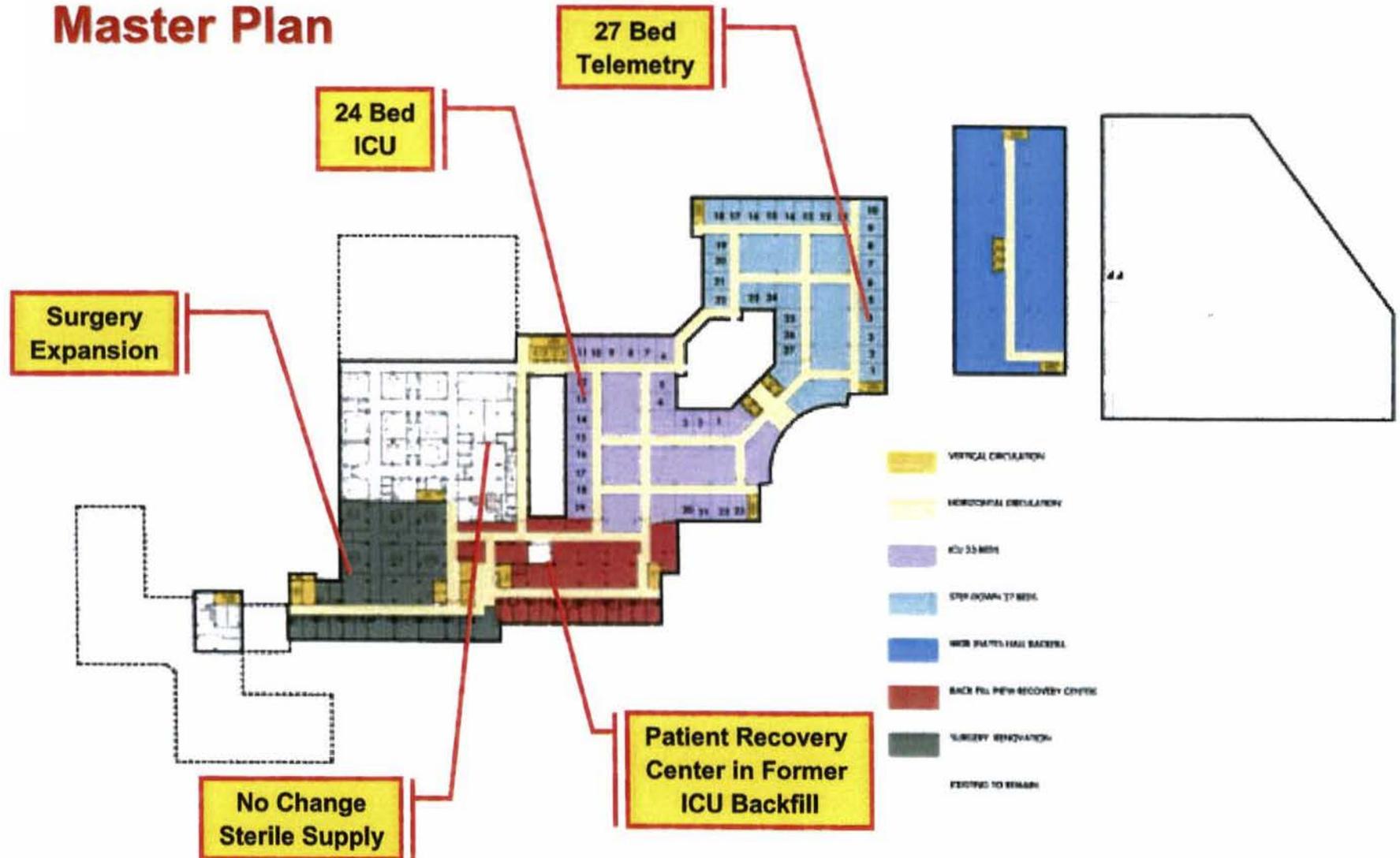


Full Build Out

First Floor Plan Concept



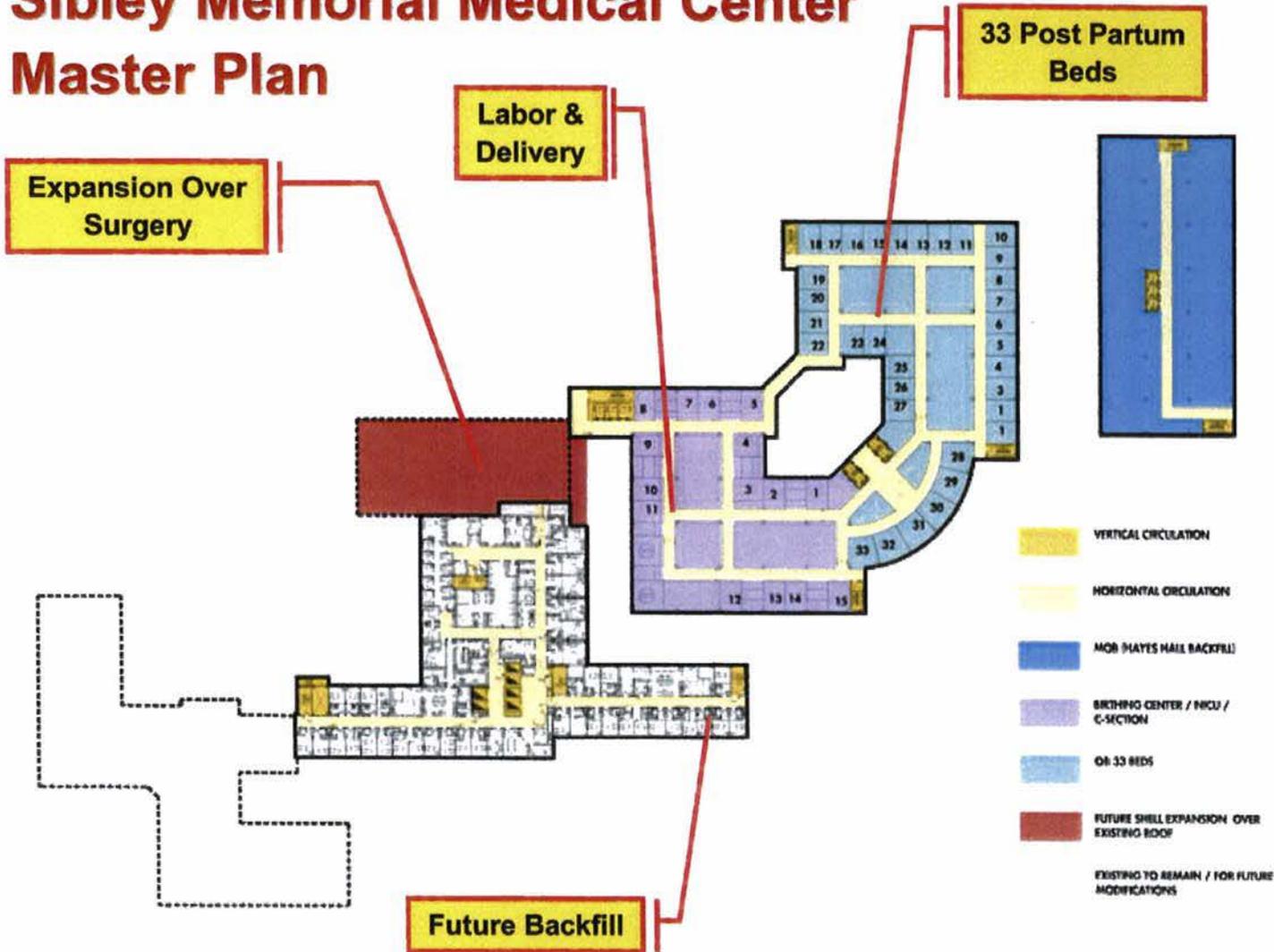
Sibley Memorial Medical Center Master Plan



Full Build Out **Second Floor Plan Concept**



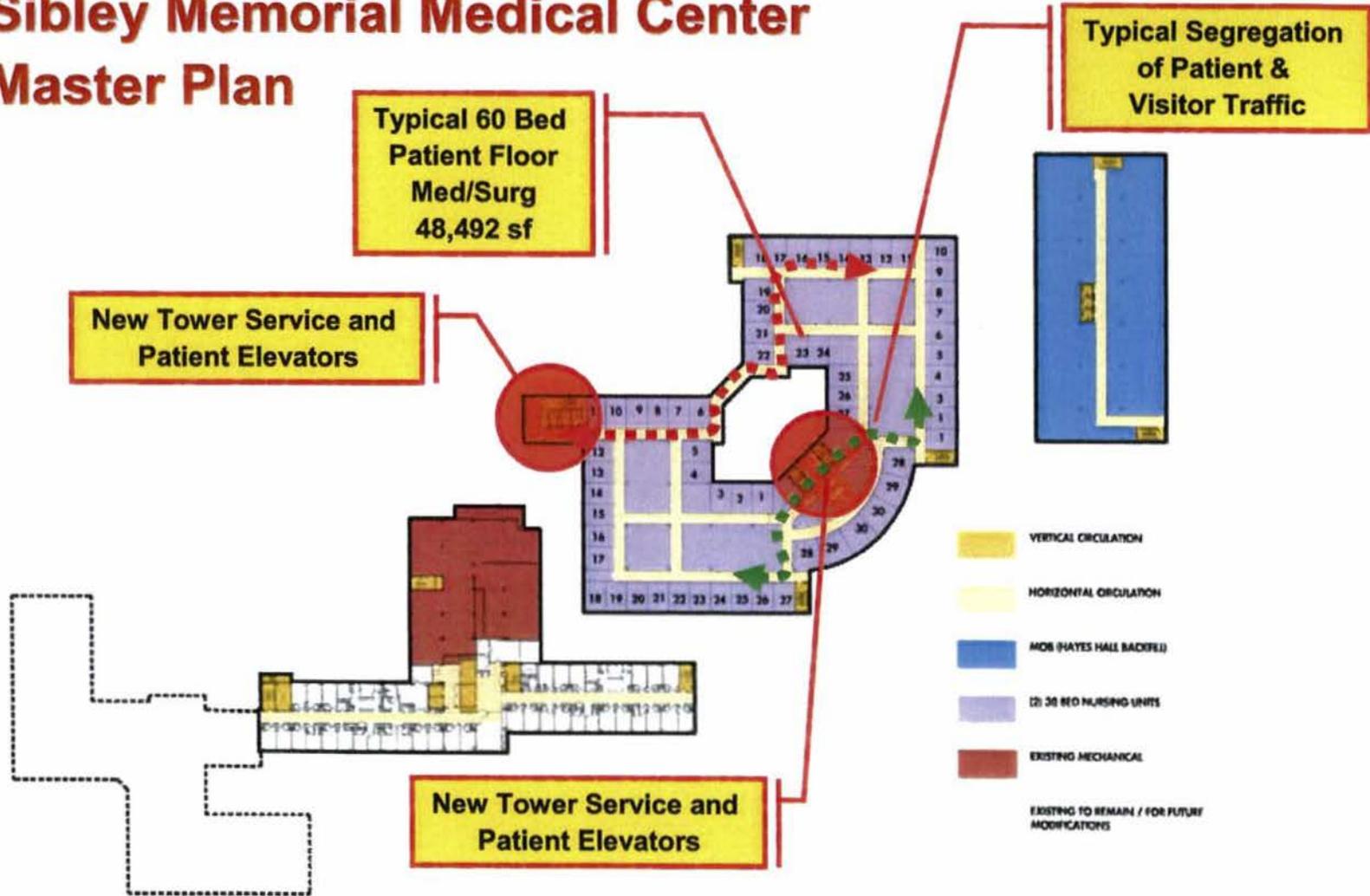
Sibley Memorial Medical Center Master Plan



Full Build Out **Third Floor Plan Concept**



Sibley Memorial Medical Center Master Plan



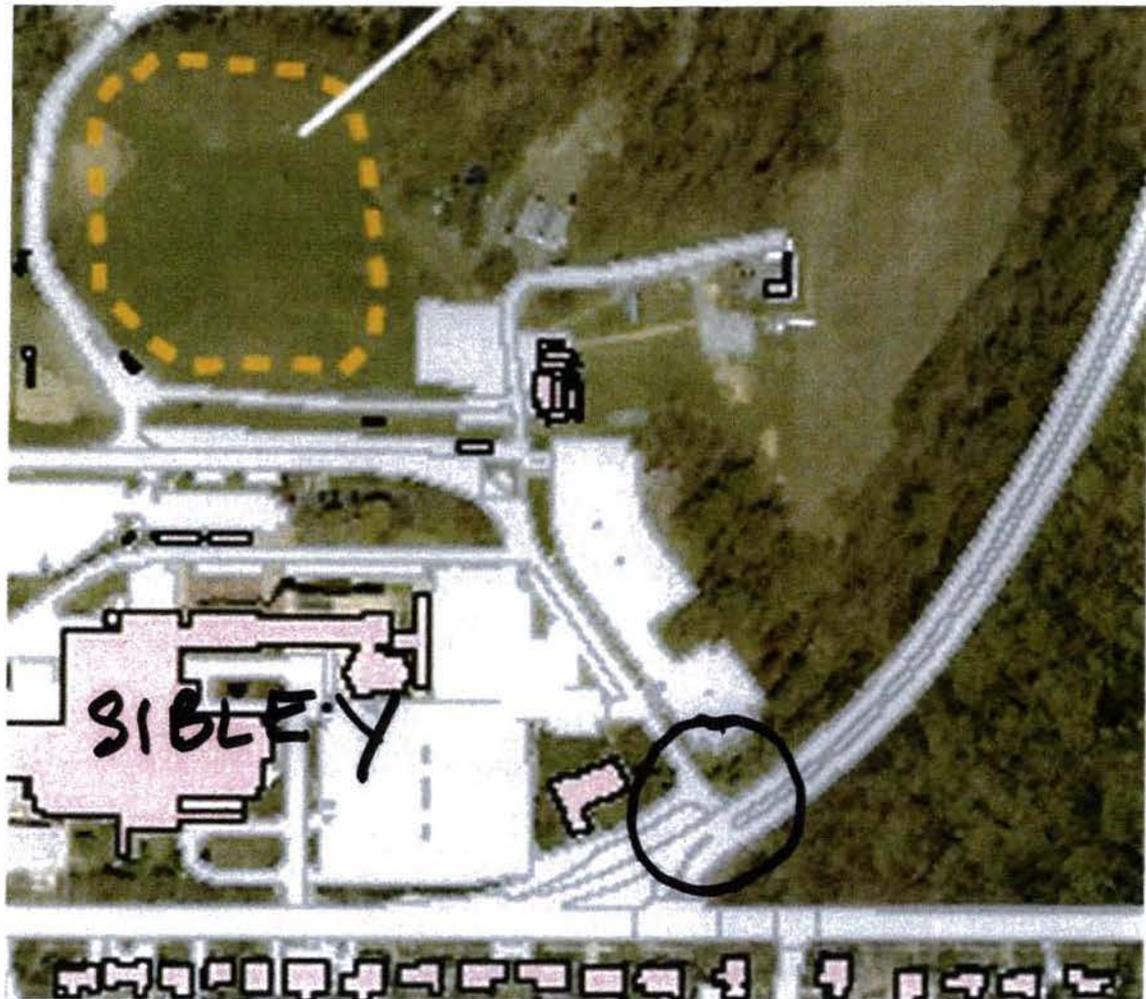
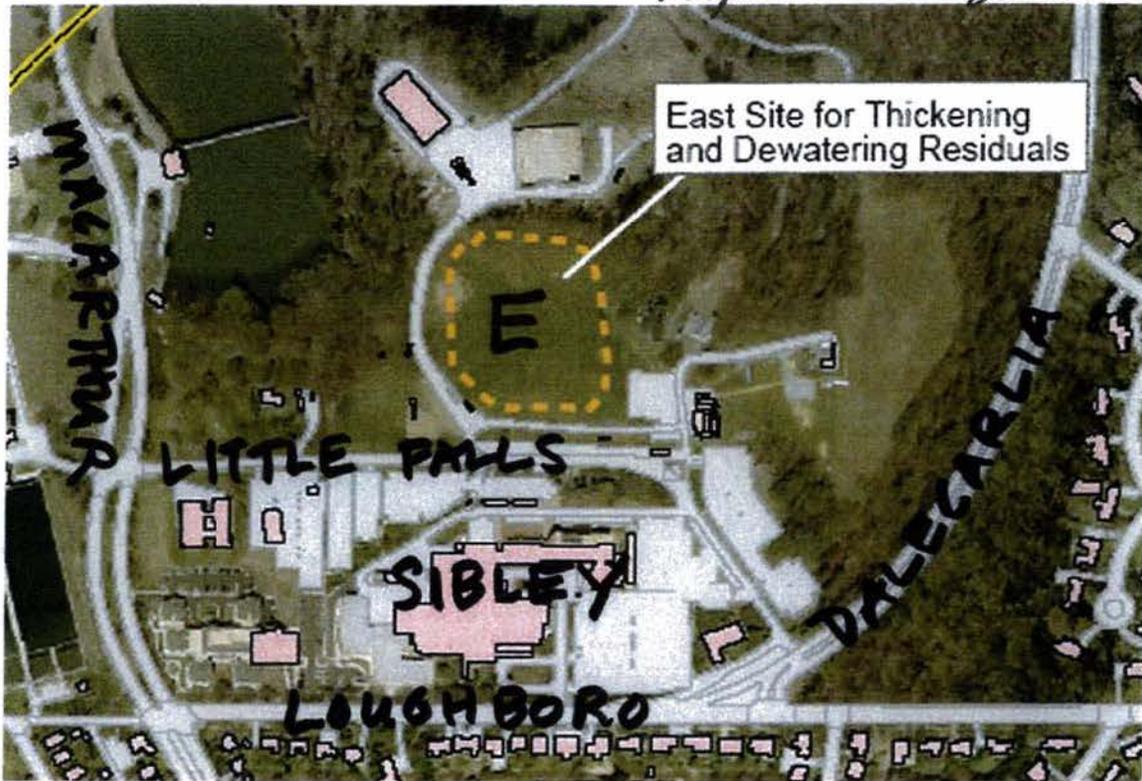
Full Build Out

Fourth Floor Plan Concept



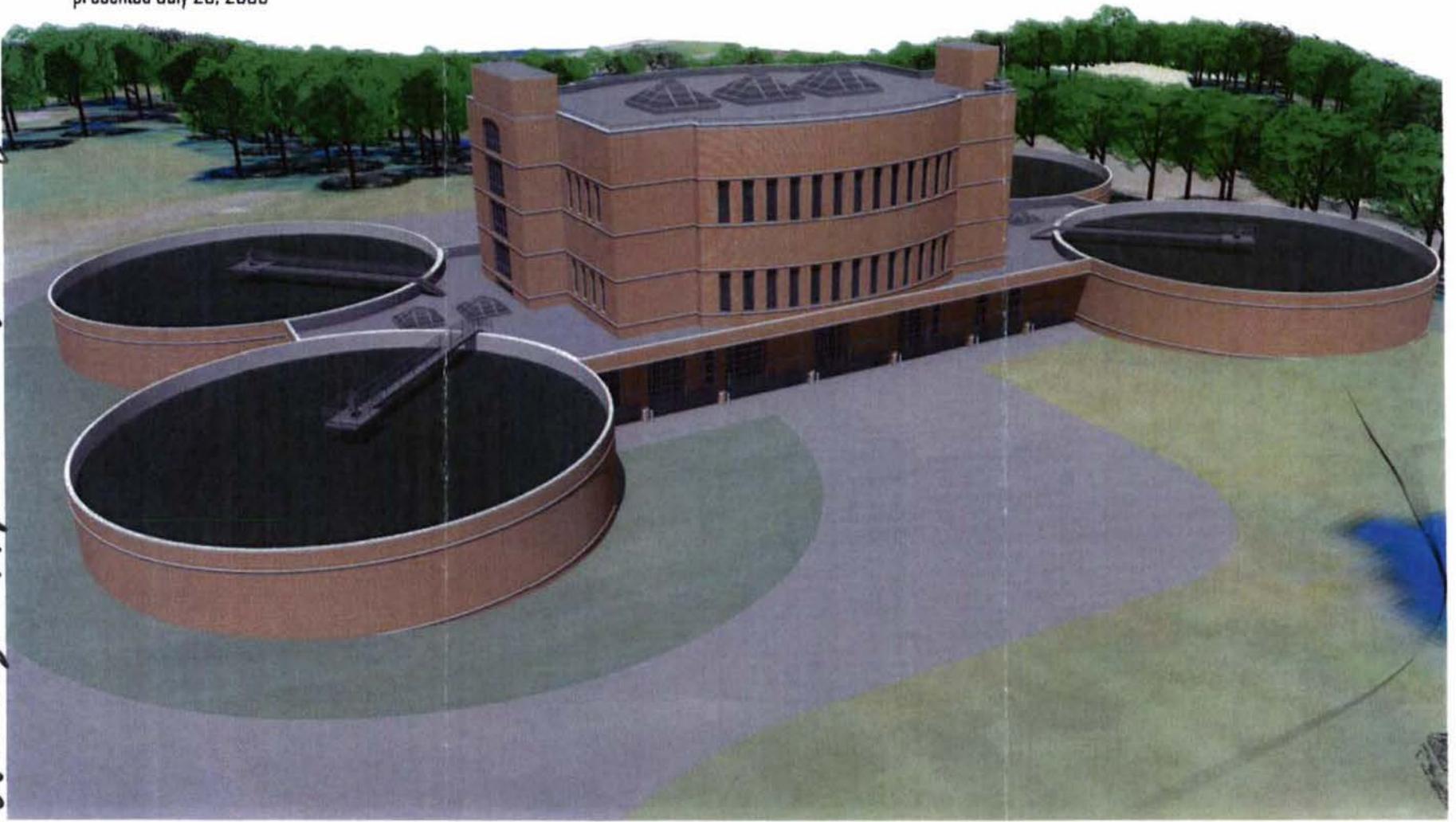
Location of planned Washym
Agreduce Dewatering

Facilit
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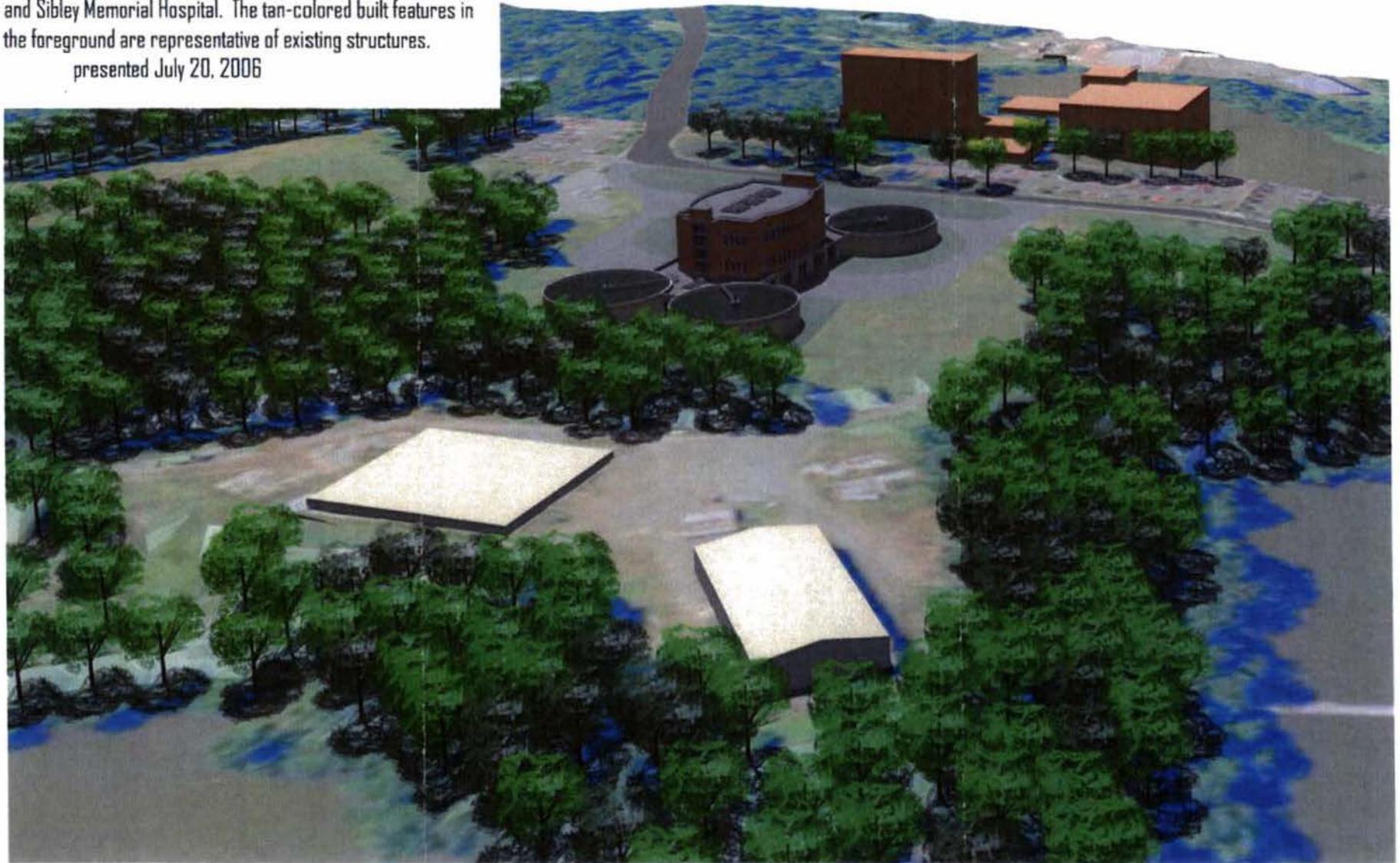


Computer simulation of a view of the east side of the proposed Washington Aqueduct water treatment residuals facility. Little Falls Road is outside of the picture to the south (left of picture). This view shows the entrance to the building for truck traffic.
presented July 20, 2006

Washington Aqueduct Debris Facility



Computer simulation of an aerial view of the north side of the proposed Washington Aqueduct water treatment residuals facility and Sibley Memorial Hospital. The tan-colored built features in the foreground are representative of existing structures. presented July 20, 2006



Computer simulation of a view of the south side of the proposed Washington Aqueduct water treatment residuals facility from the perspective of the 7th floor of Hayes Hall (Sibley Memorial Hospital).

presented July 20, 2006

